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ORIGINAL ARTICLES.

INFANTILE GASTRO-ENTERITIS AND THE "MARINE PLASMA" CURE.

BY DR. B. S. ARNULPHY, PARIS, FRANCE.

Gentlemen and Dear Colleagues:

Having been requested by the chairman of the Bureau of Pedology to write a paper on the "Marine Plasma" for consideration at your meeting, I have taken great pleasure in complying with a desire which I must take as a great compliment, if not to myself, at least to a weighty subject that has engrossed my attention for many years, and which I have considered it a duty to submit to many congresses and medical societies.

Tales of wonder have been whispered around the world; tales of how small children, in the last stages of marasmus, poor ghastly shrivelled up creatures, had been brought back to life and flourishing health in scientifically conducted institutions in Paris, called "Marine Dispensaries." Anybody who cares to see for himself how the miracle is wrought is welcome to witness the process. The visitors are greeted by a fine-looking gentleman, with earnest features, working like a beaver among hundreds of babies in all stages of disease and convalescence, surrounded by a devoted staff of physicians and society ladies of high rank in white regalia, whose services are beyond price and praise. Each case is catalogued, weighed, measured, photographed, observed and cared for with the minutest care and profound skill, as if the fate of the world depended upon the outcome. The only form of medication is *Isotonic Sea-water* injected hypodermically. The quantity and frequency of the injections of course vary according to cases; and the miracle goes on day in, day out; year in, year out.

At first the official medical bodies of Paris and France showed great interest in the new cure, and it was tried in various hospitals of the French capital. But as the public interest grew the "big heads" of the faculty took alarm, lest the popular current should swamp their own importance, so that it began to be bruited about that very serious accidents had been observed to arise in the wake of marine injections. And then it was said and repeated that this man Quinton, who had discovered the method, was not a physician and had no right to cure the sick. He was a mere scientist and had better give his time to scientific research. You may remember that similar objections had been raised against Pasteur, before the days of his overwhelming glory. Finally, the conspiracy of silence was organized around Mr. Quinton's admirable work.

It was my good fortune to see and hear Mr. Quinton seven years ago, and I immediately perceived that he was one of the great brains of the earth. I tried the method and found it of immense value, not only in infantile disease, but in most of the sufferings and miseries the human race is heir to.

My seven years' experience with the Isotonic Plasma I have summed up in a paper read before the International Homœopathic Congress, London, July, 1911. (See Transactions, Vol. I., page 323.)

Prior to that I had given a series of lectures in Buffalo and Chicago in the summer of 1908, one of which was published by the MEDICAL CENTURY. (New York, August, 1908.) Since then, in June last, I lectured at Boston University and gave an address before the meeting of the American Institute of Homœopathy, at Pittsburgh, showing at the same time lantern sliding views of a convincing character.

Finally, on July 11th, I appeared beofre the meeting of the "Central Verein" of the German-speaking homœopathic physicians, assembled in Zurich. It was a genuine pleasure to find such an eminent representative from America as Dr. McClelland, of Pittsburgh, among the attending members. The interest aroused in the Pittsburgh meeting amounted to enthusiasm, and my friend and former associate in "Old Hahnemann," Chicago, Prof. E. S. Bailey, was kind enough to elicit from the audience a vote of thanks.

Our thoughtful German colleagues were equally demonstrative in their appreciation and their president, Dr. Weiss, was requested by them to send Mr. Quinton a telegram expressing the admiration of the meeting, which was a gracious act.

Now I come before you, if not in the flesh, at least in spirit, to impart to you, in the Bureau of Pedology, my conviction that in the field of infantile enteritis, at all stages of severity, noth-

ing equals the efficiency and rapidity of action of the Isotonic Plasma.

But what is the "Isotonic Plasma?"

Sea-water, preferably taken from the ocean, away from the shores, and at a depth of at least twelve or fourteen yards, in order to avoid the bacterial colonies that may be afloat on the surface. Then this sea-water must be rendered isotonic to the human blood plasma. This is effected by diluting it with two-thirds its volume of a pure spring water, say, Poland water, for instance. Then it should be carefully sterilized; this is done by filtering first upon absorbent cotton, then through porcelain filters. The fluid is then drawn up into sterilized bulbs, the extremities of which are sealed.

Under no consideration should sea-water thus prepared be sterilized by boiling or by the autoclave process. Not only does sea-water, thus heated, lose its therapeutic properties, but it has been shown to be toxic. This simple fact shows that the marine plasma is not at all an ordinary saline solution, like the so-called physiological serum used by the surgeons; to all intents and purposes it is, and behaves, like a *qualified living solution,* and it has to be treated as such.

Being a living thing, it is bound to die. And so it does. The plasma will not keep more than one or two months, and it displays its powers best when quite fresh. It keeps better in a cold medium, in an ice-box, for instance, just as you would keep fish or meat.

The technique of the injection is the same as for the ordinary physiological serum. One should always be careful to expel the air contained in the rubber tube. With small children the injection is best made under the angle of the shoulder blade. With adults the choice place is the retro-trochanteric region.

The quantity to inject and the frequency vary according to the individual cases. We shall only deal with the subject with reference to the treatment of infantile diseases.

Let us now approach the main subject of this paper, that is, the way in which the "marine method of cure" should be applied to the *infantile gastro-enteritis.*

Nature of the Enteritis.—Under penalty of failure in the most curable cases, the practitioner should have definite ideas as to the nature of the case on hand. The doses to be injected, the intervals between treatment and the diet are apt to vary between considerable limits according to the several cases.

Take, for instance, a case of enteritis with constipation. The usual dose should be 10 to 30 c.c. twice a week; the diet should consist of daily rations of milk amounting to 1/8th or 1/6th of the body weight. Larger doses of the plasma, say, 50 c.c., would rather tend to increase the constipation.

Let us now consider a case of *Athrepsia* of ordinary gravity; the best doses to give vary from 30 to 50 to 100 c.c. twice or three times a week, the diet being regulated according to one 1/7th or one 1/6th, or even one 1/5th of the body weight. In the choleriform enteritis large doses of 400 c.c. or even 600 c.c. daily are to be injected, the diet being regulated to 1/10th of the body weight. Water can be given freely between feeds. In such extreme cases small doses of 50 c.c. would be absolutely useless.

The Diet.—Here one must be prepared, in connection with the *marine method,* to set resolutely aside all the classical rules and habits under penalty of dire failure. Without hardly any exception the *marine method* absolutely prohibits the hydric diet, rice water, vegetable broths, milk mixed with equal volume of water, etc.

One should be convinced "a priori" that the plasma when given in the proper dose is such a potent remedial means that the digestive faculties, however low, are restored from the outset. Vomiting, which is the most harassing symptom, disappears as if by magic, and the intestinal disturbances show signs of regression. This is observed within the few hours following the first injection. From that moment milk, pure milk, without any addition of water or lime-water, can be given. This rule, mind you, suffers no exception. From the first day of treatment milk diet is to be instituted. The exceptions to this method are excessively rare and we need not concern ourselves with such cases at present. As soon as you have ascertained that the gastric function is restored you should take advantage of it with a view to feeding the child all it can carry. Take an ordinary case of *Athrepsia* and you may be sure that if you are satisfied to feed it with rations of 1/10th, 1/8th or even 1/7th of the body weight, you run the risk of inflicting starvation. From the first week you should raise the diet to 1/6th and from the second to 1/5th, especially if the weight does not increase and if the child be hungry.

The surest guide of the physician in all such cases is the scales and the instinct of the child. One point not to be neglected: always verify the capacity of the feeding bottle. Most of them are fallacious, and the child may starve while you labor under the delusion that it gets the proper amount. When the body weight does not increase regularly, be sure that the diet is at fault, and that the child is not fed the proper amount whereto it is entitled.

Auxiliary Treatment.—None whatever, save for homœopathic remedies, which are akin to the method, by birthright so to speak, the two methods being so intimately related.

The "marine plasma" displays its curative power through its marvelous disintoxicating properties, thereby bringing about a sort of rejuvenation of the vital fluids and of the body cells by substituting for the vitiated "bouillon de culture" in which the cells were immersed a new

"bouillon de culture" which is pure and loaded with precious metallic ions.

Choleriform Enteritis.—These extreme cases are the triumph of the method. Every practitioner has seen such cases and may remember the anxious hours spent over them amid despairing fathers and mothers. Henceforward it may be said that no matter how serious the case may be and hopeless the outlook, provided the child be not actually dead, you have brilliant chances of rescuing the little life, in the proportion of 90%. This was formerly and is still for the ordinary physician, ignorant of the new method, the proportion of the mortality. We have simply reversed the figures. Would you not call this a triumph? Surely I need not expatiate upon the diagnosis of such cases. When a child is abruptly seized with a diarrhœa, the stools being quite watery and numbering from 10 to 15 or even 30 or more in the 24 hours; when it rapidly assumes the abdominal aspect, with excavated eyes, cyanotic, immobile and swollen eyelids, pinched nose and mouth, while at the same time the belly sinks in, the skin hangs loose and in folds over the body and limbs, you know you have to deal with the dreaded article. Lose no time and give two injections, one in the morning, one in the evening of 200 c.c. each time, and continue during at least eight days. Then stop treatment, but keep a watchful eye and be ready to resume it from the first show of diarrhœa. In quite extreme cases, when the corneal reflex is lost, the mouth wide open, from muscular resolution, pulse and breathing about gone, it shall be imperative to inject as much as 300 c.c. twice in succession, at 10 or 12-hour intervals in the first 24 hours. The effect of these large doses you will find to be almost miraculous. The child revives under your eyes. The impression is almost uncanny. You imagine yourself a wizard, but there is but small danger that you are going to be burned at the stake for witchery. The chances are that the happy father and mother will become staunch friends and stand by you through life. Once you have rescued the precious little life do not think the struggle is over. The best course is to continue with the 200 c.c. twice a day, and it will be wise to continue at that rate during eight days, no matter how prosperous the child may look. An untimely suspension of treatment may be followed by a serious relapse. Remember that the effect of 200 c.c. will last for 12 hours only.

Now comes the question of diet. In these choleriform cases give milk without fear. Give the child a daily supply of milk amounting to the 1/10th of the body weight in 6, 7 or 8 instalments. You should add about 20 grammes of pure water to each feed. Take, for instance, the case of a child weighing 6 kilos; it should get 600 grammes of milk per day in six feeds of 100 grammes each, with 20 grammes of water, which means 120 grammes of fluid per feed. Between feeds supply pure fresh water to the child, and allow the little one to drink according to its thirst. He knows better than you when he should stop. This is not to be neglected, as those little patients are actually dying with thirst. After six or eight days of this regime the proportion of milk may be raised to the 1/8th, then to the 1/7th of the body weight. Always be guided by the voracity of the child, the scales and the general symptoms.

Baths.—When the child, prior to any injection, shows a high temperature, say, more than 40 degrees Centig., give a bath of 37 or so during 20 min. When the temperature rises after the injection give no bath, as the rise is the result of the natural reaction of the organism and should be respected. Inversely, when you find the child in the period of algidity with a temperature below 36 degrees and bodily signs of algidity, hot abdomen, hands and feet cold, you should place the child in a bath of 36 degrees and raise the temperature slowly up to 39 degrees.

After Effects of Treatment.—The plasma is able to cope with Athrepsia, deep organic depression, with atrophy, in about 80% of all cases. The few plates contained in the tract here presented will give an idea of the incredible transformation wrought in cases of advanced marasmus. These advanced cases of marasmus require sometimes a prolonged treatment, as much as six months and even more. Undoubtedly an almost instantaneous change takes place from the start, and the body weight begins to increase from the second week. But the injections should not be discontinued. In a measure as you proceed with the treatment you witness a complete transformation of the child's organism. We know how often those children coming from the lowest strata of the population are polluted with many taints, which at best are a drag upon their normal growth, and yet the poor creatures, who may be said to be candidates for a brief and miserable life, are seen under the marine treatment to undergo a profound change; inch by inch the whole aspect of the face and body assume a hale and hearty look, the bodily development overleaps the normal growth and after a while they are found to exceed the normal children with regard to height, weight and looks. Children who have been watched closely for four years after one of those fateful attacks have shown no setback and this would demonstrate that the changes wrought are of a durable character. Now if the plasma can achieve such splendid results upon such miserable soil, think of what it could accomplish if this life-instinct fluid were systematically applied to the young mothers in the state of pregnancy. Then would the offspring be given an absolutely sure chance to have the original sin, in the guise of half a dozen hereditary taints, washed off from their budding organisms. This might be fundamen-

tal eugenics. Note this good omen gentlemen: the dream of today shall be the reality of tomorrow.

The Philosophy of the Plasma.—Now what is the rationale of this treatment with sea-water? According to Mr. Rene Quinton, the author of the method, it is to be found in the immense Homœopathy between the ocean and the human blood. While engaged in deep research concerning the origin of life on the planet, Quinton came to the conclusion that it must have taken place in the tepid waters of the primordial ocean, when no continents or islands emerged yet from the vast expanse of the deep. In order to prove his proposition the young biologist of the College de France worked like a beaver during fifteen years, after which time he brought forward such an overwhelming mass of scientific evidence that the demonstration was considered to be irrefutable. The new doctrine establishes successfully the following two points:

(1) Animal life in the cell stage showed itself first in the sea.

(2) Throughout the zoological series animal life has always tended to keep the cells composing each organism in a marine environment, so that, with few exceptions which may be neglected for the moment, every animal organism is a veritable marine aquarium, in which the constituent cells continue to live in their original aquatic condition. Such is the thesis, and all branches of science conspire to verify its correctness. Chemical analysis of the most searching character has discovered in sea-water a few precious metals, four of which, viz., Strontium, Cesium, Rubidium and Gold, occur only in infinitesimal amounts. Well, the very same metals have been shown to exist likewise in the human blood; also in infinitesimal quantities. The saline constituents are the same, in the same proportion. The leucocytes have been shown to die promptly in all saline artificial solutions. They live and prosper in sea-water. This last proof is of immense biological value. Dogs have been bled almost to death and, an equivalent amount of sea-water being injected, the animal revived and looked happy and prosperous a few days after the experiment. A fine lady in Paris, who had been suffering from post-scarlatinous purulent infection and brought to death's door, underwent a similar treatment, healed rapidly and is now a model of health and good looks. The clinical test is the final one in things medical. Seven years of personal acquaintance with a constant use of the method in a large number of cases enables me to state that with the exception of Hahnemann's genial reform and Pasteur's work no greater discovery has been made in the field of practical therapeutics.

The fundamental effect is on the blood and other organic fluids. The active element of the plasma seems to reside in those few rare metals whose particles have reached that state of molecular dissociation when energy is freely liberated therefrom. We here stand on the brink of the alchemy of life itself. Practically an injection of sea-water into a human being would seem to mean an infusion of the metallic life of the planet. The secondary effects spend themselves on the intestinal tract, the kidneys, the glandular system at large, mainly upon the liver, and finally upon the skin and the nervous system; but the clinical triumph, I repeat it, is with the little ones of the earth.

From the very first survey of the subject I have perceived that there were many points of contact between the marine method and our own. And the more I tried its workings on new and difficult cases the more I became convinced that there existed between them a profound affinity. First and foremost, we must note the identity of chemical composition between blood serum and sea-water. Then the identity of posology within the range of the infinitesimals. Then the peculiar analogy of action upon the kidney between the plasma and our own Natrum muriaticum; then the fact that in many cases the plasma acts like our Sulphur or Psorinum or Opium n reviving the powers of reation of the system. But the most convincing proof of all lies perhaps in the happy fact that Mr. Quinton himself has boldly stepped over to our school and adopted Homœopathy. No far-sighted homœopath will fail to understand the great influence such an event must exert upon the future destinies of Homœopathy. This is a distinct accretion of strength to our ranks. Henceforward every triumph of the marine method shall redound to our credit. With the marine method this chapter of general therapeutics is lifted from the rut of things earthy, so to speak, and brought into the wide realm of cosmic agents. It is a return to first principles. It is an appeal to the very life of the planet. Now the remarkable thing about this notion, that life owes its origin to the sea, is that we find it recorded in the most ancient religious traditions. I have elsewhere shown the remarkable agreements between the cosmogonies of sacred literature and the theories of science. Time and space fail me here, but the concordance is apt to produce a profound impression upon the unbiased mind. It is not the first time that the silent work of the laboratory has confirmed popular legend or religious myth. Who of us has not felt, in hours of reverie, the overwhelming fascination of the ocean and its magic spell? How often has man felt in himself the oscillation of the miniature ocean in his veins, which bathes his tissues, whose tiny waves beating against the cliffs and beaches of his organs, obey an ancestral law of rise and fall, in the system of heart and lungs, itself perhaps but a distant echo of the universal ——— sung by the great undulations of the deep under the watchful eyes of the stars?

(Southern Hom. Association.)

HAHNEMANN AND MODERN SCIENCE.*

BY R. DEL MAS, PH. D., M. D., HUGO, MINN.

ANY science not based upon natural law is unstable and harmful, for, not entering into the order that presides over all things, it necessarily runs counter to it.

The science of medicine in the Old School, when viewed impartially and in the light of law, presents a pitiful legion of contradictions groping along under the impulse of fantastic visions; it is everything but natural science, everything but natural law applied. It is a mass of absurdities without salt.

A treatment dependent upon the pathological condition or the diagnostic survey of the case will vary with the pathologist or the diagnostician, and is well symbolized by the chameleon. Were it not so, we should not meet with so many divergent opinions from allopaths seriously bowed over any given case. There are still in this field many themes for the pencil of Hogarth and for Gillray, and Moliére would still find material to improve his "Médecin malgré lui."

Where no law obtains, all things run riot. The allopathic creed is based upon tradition, and traditional medicine was born of conjectures. It is a fickle faith, animated by confusion and lawlessness. Its temples are set upon foundations formed of the windy opinions of men, and its ministers blindly and profusely sow tares among the wheat. Where allopathy reigns, the harm it works increases an hundredfold the slaughter of modern wars. It is through the suppression of discharges and the engrafting of drug-diseases, so earnestly wrought by the old school, that the children of mankind today writhe in agony and die prematurely under the tortures of cancer and the fire of tuberculosis.

Hahnemann came, and for the first time the sun of medicine rose on the scientific horizon, to warm the heart and lift up the brow of man enslaved by disease.

Before Claude Bernard ever dreamed of it, the founder of Homœopathy stated that "drugs act similarly in the sick as in the healthy." In the shadows of Hippocrates and other illustrious men, who had felt the Law of *Similia,* he proved to the scientific world that *cure lies in the administration to the sick of the drug whose action upon the healthy gives the similar image of those symptoms which the patient presents.*

Similitude between the remedy and the patient produces the *contrary* of the disease, whereas—

Contrariness between the patient and the remedy leads ultimately to the *likeness* of the disease.

Such was the discovery of Hahnemann in the therapeutic and the physiological field, which will immortalize his name.

Upon Hahnemann rests the eternal honor of having reluctantly, but masterfully, explained the law of *contraria,* answering by this favor the insults of his enemies.

Thanks to him, we know that—

According to the dose, crude or attenuated, drugs have two opposite actions: the primary and the secondary (ORGANON, § 63); that—

From the attenuated dose arise effects opposite to those caused by the drug in crude form; and that—

In therapy one must use the attenuated form of the drug whose image furnished by the prover is the most similar to that revealed by the patient.

The primary effect of a drug is that of *action,* and the secondary, of *reaction.* The same effects are also found in diseases that terminate by recovery; where death ensues, there is shown the effects of action only, since the body could not react.

As reaction implies a return to health, before the therapist can legitimately use drugs they must necessarily be potentized and administered according to the law of similia.

From the foregoing it may be justly remarked that the experimental therapy of Hahnemann will never fail to appeal to the man of sound judgment. *Through provings only is the index of choice of the remedy to be obtained.*

As physicians, we treat men and not the lesser animals, and the author of the ORGANON OF THE ART OF HEALING was a true and practical scientist when he tested his drugs on the sort of subjects he was called upon to treat.

He said that all drugs affect the mind of man and his disposition, and that the mental symptoms are the leaders in the choice of the similimum. Since the dumb brutes, large or small, are not endowed with the brain of man, how then shall a cat, a dog, a mouse, a guinea-pig, a rabbit or a donkey, under the action of any drug, duplicate what, under the same influence, would occur in man?

That is a question, seemingly, that a simpleton should easily answer, and yet is one that allopathic luminaries will refuse to consider when lack of manliness deprives them of the natural desire to search for truth or to stand for it. Yet shall not man be measured by his appetite for intellectual light?

The science of a Bartholow or an Osler, when set against that of Hahnemann, gives the impression of a pigmy confronting the Colossus of Rhodes.

When shall we, in experimental therapy, let man talk instead of the frog? Is there not sense enough in the medical world for all physicians to recognize that we must operate physiologically over the same ground where we are called to act

*Written for the meeting of the Southern Homœopathic Medical Association, Richmond, Va., October, 1912.

therapeutically? If fools deride, but philosophers investigate, what opinion shall we entertain of him who, ready to insult the Hahnemannian ways and means of practice, dares not come upon the ground of pure and exact observation?

Is the attenuated dose, given for a cure, too small for his senses? Outside of the realm of matter, have we not the realm of forces? Prosper Albert Robin, of the Faculty of Medicine, of Paris, France, is one allopath whose scientific attainments have led him to write that *medicines act through dynamism, and not through their mass.* Hahnemann published that truth long ago. He also wrote that "the effect of a homœopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration, while the actual quantity of medicinal substance remains the same" (ORGANON, § 286); and that—

"Through the process of trituration and succussion the powers dormant and hidden in the crude drug are developed to an incredible degree." (ORGANON, § 128.)

The scientist who discovered the hidden virtues of Lycopodium and Silica had vision infinitely superior to that of his neighbors who saw no finer use for their material than for rolling the pillular mass or making glass bottles.

The powers dormant in the crude drug rouse to activity with the division of matter through trituration and succussion. This Hahnemannian revelation, based upon thorough experiments, was regarded with contempt by the crude pharmacist and therapeutist.

Today the learned know, with Cuvier, that matter is but the depository of forces; that matter goes, but forces remain. Yet only a few, like Huchard, following Robin's view, have condescended to use the attenuated doses. So reluctant is the allopath to sacrifice his prejudices at the altar of reason, even in the light of facts, that the delusion still maintains in his school that the action of a remedy must be violent in order to afford a cure; the cure progresses logarithmically with the size of the dose.

There is a law of physics that the greater the divisibility of matter, the greater its surface of action. In addition the ionic theory aids toward understanding that through trituration and succussion crude drugs acquire or develop powers theretofore hidden. *The greater the dilution of substance, the more ions are set free;* such is the basis of the ionic theory. Chemistry teaches also that the activity of chemical reactions is in direct ratio to the number of free ions.

The subdivision of matter leads to dynamism pure and simple; it disengages or liberates the forces which in mass the matter holds in trust.

Thus we may say that Hahnemann remains the greatest medical therapeutist that ever lived, in recognition of the fact that any medicinal substance cures by dynamism, and not through its mass—the greatest therapeutic fact in the world of medicine.

Allopathy is anarchist in etiology, nihilist in therapy and vandalic in practice, whereas:

Homœopathy is orderly in etiology, positive in therapy and constructive in practice. Which of the two is sound? Lighted on the one hand by the torch of science and on the other by that of experimental facts, the ORGANON OF THE ART OF HEALING will appear as the Apocalypse of the New School, written by Samuel Hahnemann under the inspiration of the Spirit of Truth in the realm of wisdom, for the speedy, gentle and permanent healing of the sick.

BARYTA MURIATICUM IN ARTERIOSCLEROSIS.*

BY FRITZ C. ASKENSTEDT, M. D., LOUISVILLE, KY.

THE cause of arteriosclerosis being obscure, its treatment must necessarily be empirical. Even when attempting to treat this affection homœopathically we feel a paucity of resources and a want of confidence in our remedies not usually experienced in the treatment of other diseases. The reason for this is not only the progressive tendency of the disease, but also the lack of drug provings sufficiently extensive to produce actual sclerosis of the blood vessels in the human subject. Since for obvious reasons such provings are not obtainable, recourse must be had to the experimental laboratory, where the study of drug pathogenesis may be pursued to its natural limits. But even with this aid, few remedies have been found capable of producing a condition similar to arteriosclerosis.

An article written by Dr. Nesbitt, of Bryn Mawr, Pa., and published in the *Hahnemannian Monthly* for Nov., 1910, first called my attention to baryta mur. in arteriosclerosis. This paper cited the work of Klotz, who by experimenting with barium chloride upon animals succeeded in producing an arteritis closely resembling the Moencheberg type of arteriosclerosis—*i. e.,* primarily involving the middle coat of the artery. Knowing the symptomatology of premature age presented by its congener baryta carb., I felt justified in administering barium chloride in weak solutions to patients presenting evidence of sclerosis. Later Boericke & Runyon have furnished me on request, through the Southwestern Homœopathic Pharmacy, tablet triturates of baryta mur. 3x, which I have been using during the past twelve months. The results were encouraging from the beginning, inasmuch as a reduction of the blood pressure and an amelioration of the subjective symptoms were generally obtained. My interest in the remedy was further stimulated by a review written by François

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*Southern Homœopathic Medical Association, Oct. 15-17, 1912.

Cartier of the experimental work done with the salts of barium, this paper appearing in the August issue, 1911, of the *Journal of the American Institute of Homœopathy*. In this paper the experimental work of Klotz, Benneke, Schedel and others is referred to, all of which goes to show that barium chloride exerts a marked contractive action upon the blood vessels, producing an increased blood pressure, quite independent of the vasomotor centers.

Basing his views on personal observation, Klotz describes the action of barium as first attacking the muscular tunic, then the elastic fibers of the middle coat, followed, later, by extension of the destructive process to the internal coat. Benneke's work confirms the statement of Klotz, showing beyond question the power of barium to cause actual degeneration, connective tissue proliferation and even calcification of the arterial coats. To use the words of Cartier: "It would be difficult to find an inorganic body with the exception of lead, which offers a more strict analogy to arteriosclerosis."

It is true, mere structural changes without a general symptomatology are insufficient indications for proper homœopathic prescribing, but inasmuch as homœopathic provings come short of producing the symptoms of actual arteriosclerosis, animal experimentation and clinical experience become our only guide in the selection of the remedies. My experience with baryta mur. is too limited to permit me to name well-defined indications or clinical key-notes for its use, especially as my treatment of arteriosclerosis usually includes a regulation of the diet and habits of the patients, and, besides, more or less fluctuation in blood pressure and other symptoms is not uncommon in untreated sclerosis. In this paper I desire, therefore, simply to direct attention to a remedy which has impressed me as worthy of extensive research.

In an incurable disease, subject to limited fluctuation in symptoms from unknown causes, the report of a few individual cases can be of but little value, for, after all, in the treatment of such diseases we are led by a clinical instinct, synthetic rather than analytic, developed upon the basis of a wider experience. Nevertheless, it may not be entirely amiss to quote a few illustrative cases taken in an abbreviated form from my records. While these cases do not show a uniform improvement of the general symptomatology, yet it will be seen that the action of the remedy, which necessarily must be very slow, shows a trend toward improved health.

Case 1.—Mrs. Y., aged 69. Had been suffering from a dull frontal headache several days before she came to the office, April 14th. Momentary dizziness at times. Eructations, abdominal distension and constipation. Examination of heart revealed a hypertrophied left ventricle and a blowing systolic aortic murmur. Second aortic sound was accentuated. Aortic dullness was slightly increased to the right in second intercostal space, normal in the first. Pulse 84 sitting, systolic tension 195, diastolic 170, when patient was lying. Systolic tension 163, diastolic 140, pulse 90, when standing. Urine was found normal, except a slight deficiency of phosphoric acid.

Diagnosis: aortic sclerosis. Treatment: barium chloride. Carlsbad powder p. r. n. for constipation.

April 22d. Feels much better. No headaches; bowels move regularly without the laxative. Pulse 88, syst. ten. 175, diast. 150, lying. Syst. ten. 153, diast. 135, standing. Secale cornutum 1x every 4 hours.

April 27th. Constipation returned. Syst. ten. 190, diast. 165, lying. Syst. ten. 190, standing. Pulse 78, sitting. Barium chloride. Carlsbad powder p. r. n.

May 6th. Pulse 88, sitting. Syst. ten. 165, lying. Feels much better and bowels nearly regular. No headaches. Barium chloride continued.

May 13th. Has gained 2½ lbs. in weight. Feels about well. Bowels regular. No headaches. Syst. ten. 154, diast. 130, pulse 82, lying. Syst. ten. 140, diast. about 130, pulse 83, standing. Barium chloride continued.

June 21. Nausea at times and sometimes pains in bowels. Some headache at the base of the brain. Nux vom. 2x every 2 hrs.

Oct. 6th. Has gained 5 lbs. in weight since May. Syst. ten. 175, diast. 140, pulse 80, lying. Barium chloride every 4 hrs.

Nov. 11th. Has just passed through an attack of sore throat and constipation has returned. Syst. ten. 160, diast. 125, lying. Pulse 92, sitting. Returned to her home in a distant city.

Case 2.—Mr. G., aged 74. Railroad conductor.

June 5th, 1911. Has been subject to attacks of dizziness, nausea and vomiting. Not much shortness of breath after exercise. Radial arteries large and hard, but not calcareous. Temporal arteries nearly normal. Systolic tension 225, diastolic 180, pulse 64, lying. Systolic tension 198, diastolic 175, pulse 72, standing. Four intermissions of the pulse to the minute. Tongue showed a white streak in the middle. Baryta mur. four times daily.

July 5. Pulse 68, regular; sust. tension 203, diast. 160, lying. Pulse 72, regular, syst. ten. 193, diast. 145, standing. Tongue clean. Dull frontal headaches mornings. Constipation and flatulence. Nux vom. 2x.

July 19th. Pulse 71, syst. ten. 197, diast. 175, lying. Pulse 78, syst. ten. 195, diast. 175, standing. Dizziness at times when recumbent. Nausea > eating. Constipation relieved. Tongue white in middle. A large ecchymotic area on back of left hand from a slight blow. Quantity of urine 26 oz. at night, 30 during the day.

Trace of albumin, with a few hyaline and granular coats; no sugar. Cocculus IX.

Aug. 8. Pulse 72, with an occasional intermission when sitting, none when lying. Syst. ten. 198, diast. 165, lying. Dizziness better. Baryta mur. 3x.

Sept. 11. Slight dizziness and dull frontal headaches during last few days. Syst. ten. 180, diast. 140, pulse 60, lying. Baryta mur. continued.

Oct. 3. Syst. ten. 175, pulse 72, lying. Constipation and nausea, relieved by epsom salt. Dizziness while in bed or rising. Cocculus IX.

Nov. 22d. Dizziness almost entirely relieved and feels otherwise well. Syst. ten. 195, pulse 62. Cocculus continued.

Dec. 21. Baryta mur.

Feb. 22, 1912. Dizziness was improved until yesterday, when it returned. Syst. ten. 210, diast. 175, pulse 70, lying. Baryta mur. continued.

June 25. Has been on Baryta mur. at intervals since Dec. 21 and has been feeling well until last few days. Slight tightness in chest when exercising and some dizziness. Pulse 72, syst. ten. 210, diast. 170, lying. Pulse 81, syst. ten. 172, diast. 155, standing.

Patient has not reported since, but members of family state that he is doing well.

Case 3.—Mr. N., aged 63. Machinist. Consulted me Jan. 11. On walking rapidly a month previously, he first noticed a sense of dyspnœa and heat in chest and throat. Since then a cramping sensation in chest and pains in both arms < exercise. Is nervous, and has pains in back of head. Sleep, appetite, digestion and bowels normal. Pulse 60. Radial arteries moderately hard and large. Syst. ten. 210, lying; 220, sitting. Left heart hypertrophied and dilated. No murmur. Second aortic sound accentuated. Urine free from albumin, sugar or indican, and normal in quantity. Baryta mur. every 4 hrs.

Jan. 27. Chest pains better, but return after exercise. Pulse 62, syst. ten. 185, diast. 165, lying. Baryta mur. continued.

Feb. 15. Feels about the same. Pulse 60, syst. ten. 175, diast. 140, lying. Baryta mur. continued.

Mar. 2. Feels well, except for the discomfort in arms and chest when exercising. Syst. ten. 225, diast. 175, pulse 54, lying. Secale cor. IX. every 4 hrs.

Jan. 27. Chest pains better, but return after exercise. Pulse 62, syst. ten. 185, diast. 165, lying. Baryta mur. continued.

Feb. 15. Feels about the same. Pulse 60, syst. ten. 175, diast. 140, lying. Baryta mur. continued.

Mar. 2d. Feels well, except for the discomfort in arms and chest when exercising. Syst. ten. 225, diast. 175, pulse 54, lying. Secale cor. IX every 4 hrs.

March 19. Has been doing well until March 14, when he carelessly walked up four flights of stairs, which caused a return of his chest trouble. Pulse 90, syst. ten. 142, diast. 110, lying. Secale cor. continued.

April 9. Feels better. Transient blindness in right eye. Pulse 66, syst. ten. 152, diast. 130, lying. Baryta mur. every 4 hrs.

May 8. Less dyspnœa. No more blindness. A sore sensation in vertex and occiput. Syst. ten. 165, diast. 130, pulse 78, lying.

Has not reported since on account of removal.

THE OVARIES AND THE BREASTS.

BY W. E. REILY, M. D., FULTON, MO.

SOME years ago a patient came in to my care with a history of having received a lick on the left breast when quite a girl and afterward at more or less frequent intervals there was tenderness and some pain.

At the age of thirty years she discovered a pronounced tumor in the breast and applied for advice and treatment.

I found upon examination of the breast that there was a pronounced tumor in the lower part of the outer side of the breast, very tender to touch and at times pronounced pain even when quiet. The family history showed quite a bit of cancer and the outlook was indeed gloomy.

The patient was very much opposed to operation and with the history of ablation of the breast before me I was not inclined to insist, so we went to work to try what could be done by non-surgical methods.

Many remedies, all with more or less reputation for the removal of tumors of the breast, were exhibited apparently without result.

At last we started on the round of consultations. I will say right here that by this time we had very marked tenderness and some swelling of the axillary glands. We went to several men in whom I had pronounced confidence and all the advice we could get was surgical. The patient still objected to surgery. About this time we discovered marked tenderness of the left ovary worse about the menses and we also discovered that the breast went with the ovary.

Turning our attention to this we applied an ichthyol tampon up against the ovary on the inside and gave some indicated remedies with the very great satisfaction of seeing the ovarian condition get well and the tumor disappear from the breast at the same time.

This started an investigation which we have taken through something like fifty cases. We have found in all these cases that the ovary on the affected side was enlarged and tender, and in many of them there was a pronounced endometritis and in some of them even trouble in the tubes.

In every case we have had the same results

and in many of them without applying anything at all to the breast we have had the satisfaction of seeing the tumor disappear from the breast as the ovarian condition improved.

Now there is, of course, much room for speculation as to whether these tumors were benign or malignant, and what would have been the results if they had been removed instead of treating them the way we did treat them.

As long as our knowledge of the cause and development of cancer remains in the speculative stage which it now occupies we are justified in pushing our investigations in any direction which seems to offer a possible escape from the wreck and ruin wrought by a generation of surgery mad medical men.

With the improved technique of modern surgery there is a great temptation to amputate the offending member and in many cases it is done quite successfully, for the science of surgery is well-nigh perfect, but we estimate that there is a vast deal of difference between removing the cause and cutting out the tumor or the pain.

In many of these cases the patient came to us seeking relief from the trouble in the breast without having suspected any trouble in the ovaries or uterus. In some cases it was even hard to convince the patient that the ovaries could possibly have anything to do with the breast condition, but the results have thus far been practically uniform, and as it has been something like eight years since we began this treatment and yet none of these patients have died or had any serious relapse we think we are justified in putting forward this theory as worthy of your careful consideration.

The internal remedies varied with the case and were prescribed with special reference to their action on the female organs.

Is surgery the only remedy for these cases? Is every tumor in the female breast cancer? What think you? LOOK WELL TO THE OVARIES.

The X-Rays as an Aid to the Diagnosis of Abdominal Conditions.

Has continued to make great progress during the last year. It is now considered more than ever as an adjunct to abdominal diagnosis.

One point of general interest, may be mentioned here—radiologists practically agree that by the end of the second, or beginning of the third month of pregnancy, the diagnosis by x-rays can be established with certainty. Given an unreliable history, the x-rays may decide the character of a doubtful tumor with nicety.

The x-ray cinematograph is being more and more widely used in the study of the alimentary tract.

SOME CHARACTERISTICS.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

ABROTANUM.

CROSS, irritable children, with evident signs of chlorosis or emaciation; appetite is ravenous, yet child loses flesh (Iod., Nat. m.; Calc., Ph., child wants to nurse all the time, loses flesh, cannot stand; Cina, child is cross, weeps, has great hunger, pale, sickly face, but less emaciated). Food passes undigestd; face looks wrinkled as if old. (Creos., Sulp.; Opium, the suckling of a few weeks does not grow, but looks like an old man.) Weak, cannot hold head up. (Also Æth., Ant. t., Arn., Bapt., Lyco., Mang., Puls., Oleand., Sil., Tabac., Zinc.) Boys with nose bleeding or hydrocele. Blood and moisture oozing from navel of new-born children.

Rheumatic pains, lame and sore, worse morning on waking (Bry.). Hemorrhoids, burning when touched or during stool. (From touch: Phos., Sulph.; during stool: Cocc. c.; relieved by stool: Caust.; worse after stool: Berb., Nit. acid.) Hemorrhoids become worse as rheumatism abates. (Lumbago alternating with headache or with piles: Aloe.)

In children, after influenza, great weakness and prostration and a kind of hectic fever (compare Samb. and Senega). The pains in stomach are worse at night; rheumatic pains are worse on moving and morning on waking.

ACETIC ACID.

Aconite has been frequently administered in cases where Acetic acid was the proper remedy. The Acetic acid patient is pale, emaciated; seldom or never fat, and of a waxen color; its mental state is apt to be one of anxiety—worry about sickness or affairs—and irritability. The Aconite symptoms appear suddenly and are violent (the reverse of Acetic acid); the patient is not pale or emaciated; rather red, florid, and plethoric; is anxious, that is, fearful, timid, afraid he will die, afraid of everything, is restless. Both Aconite and Acetic acid have thirst, the latter very markedly, and here it differs from Apis. Apis patient is also pale, waxen, but more apt to be puffed in appearance than emaciated. In dropsies the emaciation and thirst of Acetic acid differ from the puffed, swollen face and the lack of thirst of Apis. Acetic acid has a nervous headache from abuse of narcotics; from abuse of alcohol, coffee, opium or tobacco. (Asarum, Caladium.) Pain across root of tongue, impending speech and motion of jaw. (Sulphur: dull pain in root of tongue, worse evening, obstructing speech.)

Thirst intense, insatiable; cries loudly for water at night, notwithstanding has drunk copiously. In dropsies, diabetes insipidus, chronic diarrhœa, greatest thirst; in fevers there is no thirst.

In croup there is a hissing respiration, with

rattling in throat, worse at each inhalation (Aconite at each exhalation). A white film low down in fauces.

If thirsty, water is swallowed with difficulty, Hydrophobia patient springs out of bed and crawls on the floor howling with pain. (Arsenic, rolls about the floor with despair of life from pain in abdomen.)

Patient cannot sleep lying on back, feels as if abdomen were sinking in, causing difficult breathing; rests easier lying on abdomen. Sleep is poor, is disturbed without known cause.

Hæmorrhages from nose, lungs, bowels, hæmorrhoids, uterus, etc., in debilitated, pale, thin persons with a waxy appearance. Is useful after stings, bites, etc.

RHODODENDRON AND RHUS.

Both remedies have rheumatic pains, especially in all the aponeuroses; worse when at rest; worse at night.

Rhododendron pains do not admit of the limbs being at rest; desire to move, and moving relieves.

In Rhus rest occasions uneasiness in the painful parts, but on moving, the pain is worse. Continued motion only relieves.

Rhododendron has general aggravation of pains before a change in the weather—particularly before a thunder storm—even in dysentery indicated by this.

Rhus has aggravation from the warmth of the bed, and as a general characteristic in consequence of stretching, over lifting, over exertion of joints, etc., or from getting wet while perspiring.

Rhododendron has aggravation of pains in the night, but more toward morning; Rhus, more toward evening and night.

Rhus corresponds to rheumatism in the cold season; Rhododendron in the hot season. Rhododendron worse before and Rhus worse after rain.

STRAMONIUM.

Vertigo, when walking in the *dark*, day or night. When walking in the dark at night, he staggers and falls down every time he attempts to walk. The same occurrence transpires when he attempts to walk in a darkened room in the daytime.

Young men are cured, as well as young women, when they pray, sing, or talk in a very devout, earnest, and constant manner, so as to excite the sympathy of all in the house.

In typhus, typhoid, or other fevers, when the patient frequently raises or jerks the head from the pillow. An old keynote, and sure; one of the most characteristic.

All sorts of strange and absurd ideas, such as the patient is double and is lying crosswise.

ACTEA RACEMOSA.

This drug is especially suitable for nervous females, tall, dark complexioned, and subject to rheumatic and uterine troubles, resembling in this latter respect Caulophyllin and Sepia; and in neuralgia and rheumatism, Belladonna and Rhus, which are complementary. Its action on the male organism is more analogous to that of Bryonia. In alcoholism and delirium tremens Actea is indicated when the patient has a frightened look and changes rapidly from subject to subject. Like Lachesis, Rhus and Thuja it affects especially the left side, like Belladonna the upper dorsal spines; and like Belladonna, Bryonia and Rhus the lumbar muscles. Characteristic indications are: Sleeplessness, sensitiveness to draughts of air (China), sinking at epigastrium; palpitation, especially after full meal or over exertion; left sided prosopalgia (Colocynthis, Mercurius biniodide, Mezereum and Spigelia). Tongue clean, but pointed, as in Rhus; frequent ejaculatory sighs; short, dry cough; leucorrhœa (post-menstrual). Rhus or Sepia follows well.

BAPTISIA TINCTORIA.

Like Veratrum viride, which it resembles in some respects, this drug will, doubtless, be better appreciated as its true range of usefulness becomes better known.

In the early stages of typhoid fever Gelsemium and Veratrum viride, Belladonna, Bryonia, Arnica and Rhus seem to compete with Baptisia. It seems to be especially applicable to diseases of a septic nature or origin, in which fetor and great prostration are prominent features. Hence its reported success in diphtheria and diphtheritic croup. In this marked prostration its analogies are notably Arsenicum, Gelsemium and Rhus toxicodendron. In the appearance of the tongue, and in the "sore, bruised feeling," it resembles Arnica. We turn to the mental symptoms for a distinction. The Arnica patient says "there is nothing the matter" with him, or else "he forgets the word while speaking." The Baptisia patient either "falls asleep in the midst of a sentence" or "he cannot sleep because his head feels as though it was scattered about." In some symptoms it also somewhat resembles Actea racemosa.

CAULOPHYLLUM.

This remedy suits tall, slender females (Phosphorus) who are of a dark complexion and are inclined to rheumatism (Actea). Its peculiar affinity for the uterus is well known. No less remarkable is its relation to rheumatic affections of the wrist and finger joints, especially of the right hand (Viola odorata). The swelling of the finger joints is pale; pains worse every other evening and on attempting to close the hands. As in Kali bichromicum, rheumatism and gastric symptoms alternate, so here rheumatism may alternate with asthmatic attacks, where Kali carbonicum and Phosphoricum may also be required.

SOME NOTES ON GELSEMIUM.

HENRY R. STOUT, M. D., JACKSONVILLE, FLORIDA.

THIS is one of the most valuable remedies in our Materia Medica. The vine is a native of the Southern States; is evergreen, and in its blooming season, in March and April, is thickly covered with yellow blossoms, very fragrant, from which a delightful perfume is made.

In the preparation of the plant for medicinal purposes the inner bark of the fibrous roots is used.

In cases of poisoning the most marked characteristic is paralysis of the motor nerves, acting on the cerebro-spinal system. The mind becomes sluggish, the sphincters become relaxed, causing involuntary urination and defecation; the muscles of the chest become paralyzed, causing very labored breathing. I once made an unintentional proving by taking six drops of the 2x dilution, on retiring at night, to break up a catarrhal attack with which I was threatened.

On waking in the morning, I felt hardly able to get out of bed. It was necessary, however, that I should attend to my practice, so I made my usual visits. I noticed that in going up stairs, or in getting into my buggy, that I had difficulty in moving my legs. My feet were heavy; I had difficulty in breathing, but was surprised to notice that the bronchial tubes were quite free from mucus.

It then occurred to me that I was suffering from a poisonous dose of the drug. These symptoms gradually wore off during the day, and the influenza at the same time.

This proving, however, served to turn my attention to the value of the drug, and I consider it one of my most valuable remedies.

In accordance with its paralytic action, it causes double vision, by paralyzing the muscles of the eye; it also causes paralysis of the upper eyelid. The eyeballs are sore, worse on moving the eye, this being similar to Bryonia.

It also, through causing a paralysis of the muscles of the throat, causes difficulty of swallowing.

Several years ago I was consulted by an allopathic physician, who had come to Florida for his health. He was suffering from this symptom, which followed an attack of diphtheria. This condition had lasted two or three months.

In connection with the throat symptoms, was a weakened heart action. I gave him the 3x potency, and he was entirely relieved in less than a week. He considered it a miraculous cure, and promised to investigate Homœopathy.

The headache of Gelsemium begins in the nape of the neck, passes over the head, and locates in the eyes; the head will sometimes feel too large.

I have found it very useful in the depression of the system caused by the heat of summer.

The person will feel hardly able to move; the mind is sluggish, and there is a great disinclination to make any exertion.

It is of the greatest value in malarial fevers, of either the remitting or intermitting type; it is particularly valuable in the remitting type of fever in children.

The intermittent type of fever is characterized by the absence of chill; it has regular periodicity, every day at the same hour. The period between attacks is short, verging on the continued or remittent type; there will be great prostration of the whole nervous system.

In typhoid it is particularly useful in the early stage, during the first week, especially if the patient feels sore all over, great prostration and drowsiness.

It is very useful in the beginning of a catarrhal attack, characterized by sneezing, with profuse watery discharge from the nose, which may be excoriating; the throat may also be sore and tonsils swollen.

In neuralgia of the seventh pair of nerves it is an important remedy. In prolonged labor, due to a rigid os uteri, this remedy will usually act promptly to cause relaxation.

IMBALANCES OF THE EXTRANEOUS OCULAR MUSCLES.

BY WM. RUFUS KING, M. D., WASHINGTON, D. C.

TERSELY expressed, the extraneous muscles of the eyeball are those attached to the outer surface of the sclerotic coat of the eyeball and their duty is to move the eyes in the various directions necessitated by the usual requirements of general vision.

Obviously they occur in pairs, and therefore their action must be coördinate to be normal and comfortable, as well as useful.

Coördination is frequently secured at the expense of marked effort or strain of some one muscle or some pair of muscles. The natural inference to be derived from this statement is that, given a strain of an eye muscle or of eye muscles, then you soon secure symptoms of marked discomfort, sometimes directly in or around the eyes and at other times reflexly at remote parts. Given a tired or strained muscle and you have present a tired and exhausted set of nerves.

The trite statement, that, after all, the study of myology must revert to a consideration of neurology, is, to my mind, correct.

All muscular effort is the result of a nerve stimulus. If the muscle is tired, or, for the time being, inadequate, then the nerve force required to promote the exertion of the muscle must be greater; hence with a tired and overused muscle you must eventually have a tired and exhausted nerve, this exhaustion eventually extending to the motor nerve centres in the cerebral body. One of the most frequent and general symptoms of a strain of the extraneous ocular muscles is an occipital headache or marked sense of pressure or discomfort, this frequently extending down the spinal column even as far as the lumbar region.

This is probably due to the fact that at the base of the brain is located the oculo motor tract.

All of the extraneous ocular muscles contract or perform their function in pairs, except the external recti muscles, which act independently and with a separate and distinct nerve supply. In other words, to turn the eyeballs upward or downward coördinately the superior or inferior recti muscles must contract evenly together, otherwise there is a tendency to a vertical diplopia, which is only overcome by an extra effort of the tardy or tired muscle.

When fusion of the two eyes upon a close object in the median line is to be accomplished, the two internal recti muscles must contract evenly to secure normal results without a tendency to incoördination and consequent diplopia or a distinct strain of the defective muscle to correct this tendency.

The external recti muscles never contract as a pair; in other words, it is impossible to diverge the eyes to the right and left at the same time, as is done when we converge them towards the median line by the direct action of the two internal recti muscles acting in unison. When we turn the eyes to the right, there is a contraction of the external rectus of the right eye associated and coördinated with a contraction of the internal rectus of the left eye, and the reverse occurs when the eyes are turned towards the left.

Another obvious function of the external recti muscles is to act as a bridle upon the inward excursion of the internal recti muscles. The nerve supply for these extrinsic ocular muscles is somewhat interesting. The nerves governing all the ocular muscles except the external recti are derived from the third pair of cranial nerves; the so-called oculo motor nerve. The external recti muscles are supplied independently by the sixth or abducent nerve, thus explaining the independent action of this pair of muscles in functionating.

This brief glimpse into the general rough anatomy of these muscles under consideration will be sufficient for the intent of this paper.

With the above facts, well established in our minds, let us look for a brief moment upon the possibilities that may arise from an unbalancing of these muscles in their routine work.

Of course, in the majority of cases, these ocular errors accompany, or are associated with, refractive errors and strain of the ciliary or focal muscles. This, however, is not at all essential and we encounter cases at times with practically normal refraction and accommodation who suffer from the results of an imbalance and consequent strain of the extraneous muscles. Hence we may have persons with normal vision and requiring no lenses to correct refractive or accommodative error, who, nevertheless, are suffering because of an eye strain and require skilful attention to their eyes to produce therefrom normal function.

The accommodative or ciliary muscles of the eyes act in direct unison with the fusion muscles, namely, the internal recti. In other words, when the eyes are made to look upon a close object we may note that while the eyes converge toward the median line the pupil contracts and, of course, the lens must be increased in its convexity in order to focus properly the near object.

Close work, then, too continuously done, will most thoroughly try the eyes, inasmuch as it not only strains the focal muscles inside the eyeball, but, at the same time, the fusion muscles. Again the external recti must be operating well as a bridle on the excursions of the internal recti, or there will again be an element of muscular strain. At the same time there must be proper coördination of the superior and inferior recti muscles else there will be a strain to keep both eyes on a proper and normal plane.

The foregoing remarks will illustrate the fact that the oculist must not alone consider the refractive errors nor the intra- and extra-ocular lesions discovered in a given pair of eyes that he examined, but he must look to the coördinate action of the eyes as a pair.

Binocular vision, normally, means that we have a picture of the object looked upon made upon the retina of each eye and these pictures must be made upon the same section of the retina, or either double vision or confused vision results. The cerebral centers use every effort possible to prevent this diplopia or confusion of vision; hence extra impetus is given the deficient muscle or muscles to correct this obvious tendency, thus producing muscular fatigue which may be expressed in various ways, as it occurs in varying types of individuals.

Many patients will complain of headaches, often not ascribed to the use of the eyes; others will have direct ocular symptoms, such as a chronic conjunctivitis, a blepharitis, crops of styes or even chalazia. These latter cases are apt to get in the hands of the oculist fairly early because the attention of the patient is directly forced upon the eyes.

In many instances of strain of the extra-ocular muscles, however, the symptoms are reflected to remote parts or to remote organs and the patient does not ascribe the trouble to the eyes at all. Cases of chronic dyspepsia or indigestion have disappeared after the muscular eye strain has been corrected. One case I recall was finally referred to me by her physician as a sort of last resort. She had no complaint to make of her eyes and considered her visit to me as being absolutely unnecessary. She had a long continued and persistent backache extending from the base of the brain to the waist line. She had been treated by several physicians and had been placed and kept in a plaster cast for several months on the diagnosis of a spinal lesion. When her muscles were properly balanced she made a speedy and complete recovery.

Now what shall be done to correct these muscular anomalies? Treatment will vary con-

siderably in the different cases. Where a considerable degree of imbalance exists operative measures are necessary, and these consist especially of the so-called partial tenotomy of the muscle opposite the defective one and it is surprising at times what fine results follow such an operation carefully and conservatively performed.

In many cases, where the imbalance is not excessive, much can be accomplished by treatment, both local and constitutional, aimed to tone or rehabilitate the exhausted or deficient muscle. This is accomplished by electro massage applied directly to the site of the muscle; gymnastic exercise of the insufficient muscle by means of prism exercise; local tonic eye drops and last, but not least, by the careful prescription of your remedy.

Just casually, I may say that irrespective of the totality of the symptoms I am inclined to rely upon some of the following remedies to help me out, viz., Jaborandi, Physostigma, Nux vomica, Ruta graveolens, Senega, Onosmodium, Gelsemium, Natrum muriaticum, Bryonia, Actea racemosa, etc. These remedies are used in conjunction with the local tonic treatment and the muscle gymnastics, accomplished by the use of prisms. (Quote, base ball, golf, tennis and other sports to confirm.)

FELONS. WHITLOW. PANARITIUM PARONYCHIA.

EDWIN NORMAN CHANEY, M. D., PASADENA, CAL.

TREATMENT WITH REMEDIES AND DRESSINGS.

WITH the acute symptoms presented, it is also necessary to inquire into the past history of the patient for constitutional symptoms which are so important in making an intelligent prescription.

A very practical local dressing is an application of boiled water containing twenty per cent. of Peroxide of Hydrogen (H_2O_2) followed by a cleansing with clear boiled water. Dry the hand with soft linen. Wrap the finger with gutta percha tissue, only covering wound. This is to protect against the air and prevent linen or cotton from adhering to the raw surface. Cover all with a finger cot.

We aim to eliminate the many obnoxious disease-suppressing drugs so frequently employed at hospitals and in general practice.

ALUMEN. Pain as if bruised. Begins under nail. Run-around. Worse in cold weather. Indurations after inflammation. *Stools hard, like a stone.*

ALLIUM CEPA.—Pain as if pricked by a needle. Begins under the nail. Run-around on margin of skin near nail. Inflamed, suppurating pain goes up arm. Red streak to elbow where there is a lump size of a hazelnut; *sweat in axilla and palm of hand. Felons at parturition.*

AMMONIUM CARBONICUM.—Pain; drawing, dull, deep, periosteal. Red streak goes up to axilla. Fingers go to sleep easily; swell when hands hang down. Hands look blue, veins distended after washing in cold water. *Skin cracks and peels.*

AMMONIUM MURIATICUM.—Pain pulsating, sudden jerks, tearing, shooting, tingling, or ulcerative at finger tips. Skin peels between fingers. Watery, acrid coryza. Leucorrhœa like white of egg. *Hæmorrhoids after suppressed leucorrhœa.*

ANACARDIUM ORIENTALE.—Pain; ulcerative, cramp-like, numbness. Pustules on fingers. *Memory weak. Desires to curse and swear. Ineffectual urging to stool.*

ANTHRACINUM.—*Pain acute in bone. Burning in tips of fingers.* Discharge is acrid, itching, yellow, watery. *Sloughing felons.* Hands swell, with red streak up forearm. Pain like bite of fly.

APIS MELLIFICA.—*Pain throbbing, extending up arm; stinging,* burning, sensitive to touch, especially in run-arounds. After stinging is prickly heat up over arm, changing into a painful itching. Swollen, inflamed, red, numb fingers. Cold water applications relieve pain. After abuse of sulphur.

ARISTOLOCHIA MI'HOMENS.—Pain pricking in first joint of little finger. Violet colored mornings, blackish red evenings. *Extravasation of blood.*

ARNICA.—Pain; tearing, drawing, bruised, pressive. Pimple has fine stinging. Swelling, hot, hard, shiny. *Limbs feels bruised at rest or on motion. Bed feels hard. Fearful least some one will touch affected part.*

ARSENICUM ALBUM.—*Pain burning like fire;* excoriating. Radiating pain under nail. Sore turns black, gangrenous. *Anxious and restless. Prostration. Symptoms worse at midnight.* Thirsty, drinks little and often. Chilliness or pain across shoulders.

ASAFŒTIDA.—Pain; darting, tearing, aching, worse nights. Pus thin, greenish, profuse. *Pressing pain from within outward.* Sensitive to touch. Better in open air. Ulceration under nail. *Indigestion when all gases go up.*

AUTOGENOUS PRODUCTS. 30x or higher must be a successful remedy when it contains the dyscrasia which the economy is struggling to eliminate. The potency administered returns the lost dynamis. This insures symmetry to cell growth and removes symptoms of the disease.

AURUM METALLICUM.—*Pain drawing, boring deep in bone.* Worse nights. *Deep despondency.* Nails turn blue. Ulceration under the nail. *Gold irritates the skin* or tissues on contact, producing a black color or ulceration.

BARYTA CARBONICA.—Pain, throbbing, sticking, as from splinters, with ulceration. Worse nights. Hands hot, frequently dips them in cold water. Hard, swollen axillary glands. *Offensive sweat in axilla; at times red or yellow.*

BENZOIC ACID.—Pain, tearing, fine sticking,

deep in joints. Gouty deposits. *Urine smells strong like horse urine.*

BERBERIS VULGARIS.—Pain; tearing, burning, sticking, vibrating. Pain under nail. Stiffness and swelling of joints. *Stiffness in small of back with bruised pain;* worse bending or lying in bed in the morning.

BOTHROPS.—Pain; ulcerative. Ulcer with dissecting gangrene. Left hand fingers and toes of right foot affected. *Diagonal course of symptoms marked.* Slight shivering followed by profuse cold sweat.

BOVISTA.—Pain; tearing, boring, shooting, itching. Run-around. *Skin of fingers dent easily when using scissors or blunt instruments.* Sweat in axilla smells like onions. *Expanded feeling, blown up feeling, body or limbs.*

BUFONES. Pains; tearing, burning, runs in streaks up arm. *Redness follows lymphatics up arm. Swelling blue black around nail followed by suppuration.* Run-around. Thumbs affected. Blisters in hands recur annually.

CALCAREA CARBONICA.—Pain; *burining,* piercing, darting, shooting. Stiffness of fingers. Joints swollen. *Feet feel as if they had on cold, damp stockings. Craves eggs. Milk disagrees.* Painful, swollen and indurated glands. *Sweats about head and shoulders.*

CALCAREA PHOSPHORICA.—Pain; dull, sprained, ulcerative. Sore tips of fingers. Root of nail ulcerates. *Poor development of bony tissues.* Worse nights and from cold, wet weather. *Involuntary sighing. Home-sickness.*

CALCAREA SULPHURICA.—Pain; ulceraive, violent. When suppuration begins with yellow, green or brown scabs. Fingers stiff, painfully rigid. *Bone bared with suppuration and granulations. Pimples and pustules on face.*

CAUSTICUM.—Pain; drawing, shooting from finger to elbow. Ulceration begins at root of nail. Run-around. Itching tetters on fingers. *Full feeling in hands; weak, as if trying to grasp an object.* Better in warm, damp air. Worse in clear, fine weather.

CHINA.—Pain; drawing, with swelling and stiffness. Blue colored nails. One hand cold, the other hot. *Worse every other day.* Jaundice. Sensitiveness of the skin, even of palms. *Sweats profusely during sleep, all over.*

CISTUS CANADENSIS.—Pain; tearing, drawing. Tearing from shoulder to fingers. *Hard, thickened skin on fingers with deep cracks. Tips of fingers sensitive to cold air. Swollen glands.*

CITRUS VULGARIS.—Pain; burning. *Discharge like clear water.* Fingers red and swollen. Run-around. *Smell of oranges causes nausea.* Attacks of suffocation with craving for fresh air.

COCCUS CACTI.—Pain; pricking, sticking. Ulceration begins under the nail. *All kinds of arthritic symptoms better when urinating copiously.* Worse on motion.

CONIUM MACULATUM. Pain; bruised, piercing, tearing. Run-around. *Yellow spots on fingers. Yellow nails.* Sweat in palms. Fingers cramp. Joints crack. Itching worse from scratching. *Sweats when sleeping.*

CURARE.—Pain; ulcerative. Hands swollen, numb, paralyzed feeling. Fingers weak, tingling. *Leaden heaviness of hands and arms. Worse in damp weather.* Drowsy. Cannot continue in bed long enough mornings to become rested.

DIOSCOREA VILLOSA.—*Pain; early, sharp, agonizing, pricking.* Cramps flying from limbs to fingers. Nails brittle. Run-around. Little pimples with black heads. Soreness is worse on motion.

EUGENIA. Pains; ulcerative, as if suppuration would occur. Hands hot. Skin recedes from thumb nail and suppurates. Run-around. *Shivering runs over body after urinating.* Stools scanty, with weight in rectum.

FERRUM METALLICUM. — Pain; ulcerative. Fingers are numb, stiff, and cramp. Run-around. Sanguine or anæmic. *Face extremely pale or becomes flushed on least emotion.* Pain in left shoulder and arm. Pettish, depression of spirits.

FLUORICUM ACIDUM.—Pain; pricking, throbbing. Feels like a sliver sticking under nail. Pus purulent, with offensive odor. *Nails grow too fast, crumpled* or longitudinal ridges in them. *Old scars become red around edges.* Vesicles itch violently. Palms red, constantly hot and sweaty.

GINSENG.—Pain; ulcerative, bruised, contracting. Swollen and stiff fingers. Numbness of hand. Sensitiveness to cold. *Shivering internally, heat externally. Brunettes only.*

HEPAR SULPHURIS.—Pain; violent, throbbing, cutting, burning, as from splinters, ulcerative. *Cannot bear even weight of poultice, keeps patient awake at night.* Fingers feel dead and swollen. *Hastens suppuration.* Run-around. Lymphatics inflamed. Tendons affected. Sweats easily, *every injury suppurates. Sensitive to draughts of cold air.*

HURA BRASILIENSIS.—*Pain; throbbing, lancinating, as from a splinter under the nail.* Feels as if it had been partially torn off. *Nervous excitement.* Twitching and irritability. Cries every moment for several days.

HYPERICUM.—Pain; ulcerative, piercing, as if nerves were involved. Results of old scars or punctured wounds. Hands and feet feel fuzzy. Sensation of floating in the air. Head feels suddenly elongated. *Nervous depression or excitability from felons. Drowsy, sleepy, but cannot sleep.*

IODIUM.—Pain; tearing, throbbing, numbness. Hands cold or palms sweat. Scrofulous subjects. Glands hardened. *Relief temporarily after eating. Hungry all the time.* Complexion dirty yellow.

IRIS VERSICOLOR.—Pain; shooting ulcerative, as if felon was developing. *Sleepy and blindness precedes a headache.* Bilious attacks with brown, greenish, liquid stool.

KALI CARBONICUM.—Pain; stitching, shoot-

ing, sticking, numbness. At times thumb is affected. *Aggravation at three or four A. M.* Frequently exhausted. *Heaviness in arms or legs,* can scarcely lift them. Weak pulse. *Puffiness over the eyes.*

KALMIA LATIFOLIA.—Pain, as if a felon would develop. Pain shifting in fingers. *Rheumatic pain shifts from extremities to heart. Anguish, pressure about the heart.* Felons accompanying or following rheumatic troubles of the heart.

LACHESIS.—Pain; stinging, pricking, tingling. Fistulous openings, *purplish hue* becomes gangrenous. Proud flesh, discharges fetid, sanious from beneath the nail. *Worse mornings after sleep. Despondent.* Numbness in fingers. *Small, hard, cold swellings, slow to suppurate.* Lymphatics inflamed. Loquacious.

LEDUM.—Pain; throbbing, boring, drawing, stiffness, acute, darting. *Results from punctured wounds,* needle pricks and splinters. Injuries to nails in first stage, after nail is torn off. Felons form on palmer surface of fingers. Gouty nodosities on finger joints. *Pain goes up arm (and leg). Black and blue spots turn green. Gouty, pains worse from heat.*

LYCOPODIUM.—Pain; burning, sticking, like a thorn, feels as if under the nail. Swollen, bluish red. Cold sweat on hands. Contraction of affected muscles. *Gas in bowels. Full feeling after eating a few mouthfuls. Worse right side and from four to eight P. M.*

MAGNESIA SULPHURICA.—Suppurative pains with much pus. *Heat in one part of body, chill in other parts.* Pimples, itching. Eructions smell like bad eggs. Give potency internally. Apply locally in solution, hot or cold.

MERCURIUS SOLUBILIS.—Pain; throbbing, shooting, not violently. Suppuration slow, affecting sheaths of tendons, ligaments or joints. Run-around. Extremely sensitive to heat or cold. Trembling of hands. *Sweats without relief to pain. Tongue broad, indented by teeth, coated yellow, swollen.*

MERCURIUS VIVUS.—Pain; throbbing, shooting, not violently. Supuration slow. *Tongue not swollen,* mapped, greyish edges, thin, yellow coat on back of tongue. *Sweat does not relieve pain.* Run-around. *Salivation.*

MEZEREUM.—Pains; burning, shooting, stinging, drawing, gnawing. External chilliness. *Pus tends to form an adherent scab under which a quantity of pus collects, stinging and burning. Vesicles form around felon, burns like fire.* Ulceration under the nail. Hands go to sleep easily.

MYRISTICA SEBIFERA. Pain; ulcerative at beginning of felon. Joints of fingers swollen. *Violent starting in sleep. Song keeps running in head which vexes.* Hands stiff, as if had been squeezing something a long time.

NATRUM CARBONICUM.—Pain; cutting, burning, stinging, itching. Burning blister, as if stung by nettle. White bullæ with red areola. Index finger affected. *Debility from heat of sun, gas light, or heat from fire place.* Aversion to open air.

NATRUM MURIATICUM.—Pain; smarting, burning. Felons start from a hang nail. Blistering festers contain watery fluid. *Skin about nail dry and cracked. Hang nails.* Flaws in nails. Craves salt. Loses flesh while living well.

NATRUM SULPHURICUM.—Pain; tearing, shooting, tingling, ulcerative. Ulcerates around root of nail. Run-around. *Discharge is watery, yellowish green.* Tendons affected. Pain better out in open air. Pain causes a change in position frequently. General aggravation from lying on left side. *Greenish brown coating on tongue.* Hydrogenoid constitutions.

NITRIC ACID.—Pain; *sticking like a sliver,* burning, stinging, *pricking,* ulcerative, shooting. *Splinter-like feeling,* numbness. Tendons affected. Inflammation extends to axilla. Nails thickened, flaws, misshapen, crumbling, yellow stripes, white spots in nails. Touch or friction of bandage aggravates pain. Night aggravation. *Salivation.*

OPIUM.—Pain; throbbing, burning, ulcerative, like chilblains, swollen fingers and hands. Glands inflamed, hands numb. Veins distended. *Bed feels too hot. Sleepiness, drowsy with acuteness of hearing. Clocks striking and cocks crowing at a distance keep patient awake.*

PARIS QUADRIFOLIA.—Pain; drawing, *tearing from shoulder to finger.* Shooting in fingers. At times fingers hot or dead, cold or numb. Ulceration begins in the nail. *Parts sensitive to touch. Objects feel rough.* Aggravation evenings and on motion. *Sensation of expansion or contraction of a part.* Loquacious.

PETROLEUM.—Pain; cutting, sticking. Begins in nail from a splinter or sliver. *Injuries quickly ulcerate. Itching, cracked finger-tips.* Heaviness, weakness in all the limbs. Worse in open air.

PHOSPHORICUM ACIDUM.—Pain; sticking, burning. Joints affected. One-half of finger feels dead. *Well defined limits to wound.* Ulceration under nail. Copper colored margin. *Hands tremble when writing. Children grow too rapidly.* Scrofulous affections. Home-sickness.

PHOSPHORUS.—Pain; tearing, drawing, burning, cutting, numbness. *Felon begins with a dark red pustule or small opening. Bleeds profusely.* Motion aggravates. Cold hands, with burning palms. Run-around. Periosteum affected. Pain in stomach after eating. *Craves cold water, which is vomited as soon as it becomes warm in stomach.*

PHYTOLACCA.—Pain; throbbing, pricking, sharp darting, like needles, aching, ulcerative. *Painful, hard, swollen finger joints on palmar surface.* Ulceration begins in nail. Axillary glands swollen. *Pain in ears on swallowing with throat symptoms.*

PLUMBUM.—Pain; cutting, drawing, violent, *paralyzed, numb,* trembling hands. Ulceration begins in nail. Run-around. Swollen red spot

on fingers. Emaciated. Yellow skin. *Stool like balls. Abdomen retracted to spine.* Wrist drops.

PULSATILLA.—Pain; pricking, ulcerative, dull, as if subcutaneous. Drawing or itching in finger. Ulceration begins in nail. Run-around. Veins swollen in hand and forearm. *Thirstless. Feels better while walking in the fresh air. Aversion to fats which disagree. Weeps easily. Bad taste in mouth, mornings.*

PSORINUM.—Pain; stitching, itching. Pustules around finger nail. Run-around. Copper colored eruption or red blisters. Painful finger joints. Palms sweat, nights. Craves chalk, cloves, undigestible things. *Skin eruptions tend to suppurate. Carrion-like odor from the body. Oily perspiration.*

RADIUM. When suppuration is slow to take place. Use in high potency.

RANUNCULUS BULBOSIS.—Jain; stitching, tearing, stinging, ulcerative, tingling, boring, gnawing, burning, crawling, itching in ulceration. *Bluish blisters on fingers. Tendons affected. Worse wet, stormy weather.*

RHUS TOXICODENDRON.—Pain; deep seated, burning, tearing, fine sticking-like pain. Ulceration begins in nail. Run-around. *Inflammatory swelling of fingers, stiffness, better on motion. Pain worse after midnight, compelling one to walk about for relief.* Tendons affected. Lymphatics inflamed. Worse damp weather; better from warmth. *Cracking finger joints.*

RUTA GRAVEOLENS.—Pain spasmodic, tearing bruised, ulcerative, *after mechanical injuries.* Run-around. Numbness and tingling in hand after exertion. Periosteum affected. *Worse from using the eyes and during rest.* Urine at times scanty and green.

SANGUINARIA CANADENSIS.—Pain; burning, shooting, ulcerative. Ulceration begins at root of nail. Run-around. Fingers or thumbs involved. *Red, burning hands.* Pains worse in hot weather. Palms burn. Fingers of right hand mostly affected first, then left hand. *Pain in right shoulder.* At times *headache begins mornings, increases till night, vomits bile and is relieved by sleep.*

SECALE CORNUTUM.—Pain; pricking, numbness. *Pain in ulceration relieved by cold applications. Heat relieves pain before ulceration begins.* Nails suppurate and fall off. Gangrene. Flabby tissues.

SEPIA.—Pain; throbbing, violent beating, splinter-like feeling on palmar surface, stinging, sticking, shooting, darting, deep seated. *Worse from warmth of bed.* At times ulcers painless. Pain better on motion. Ulcers begin in nail. Run-around. *Hands cold, sweaty. Urine has pink sediment, adheres to vessel.*

SILICEA.—Pain; lancinating, burning, aching, itching. Inflammation extends deep to tendon and bone. Ulceration begins in nail. Run-around. Worse from warmth of bed. *Head sensitive to cold. Sweaty feet, at present or during past history.* Nails dirty gray, as if decayed.

SOLANUM NIGRUM. Pain; dull, pressing, shooting, lancinating. Sloughs from fingers. *Palms greenish blue. Finger tips black.* Sensitive to cold air. *Bruised feeling all over.*

SULPHUR.—Pain; sticking, like a brier, or splinter, throbbing, aching extends to axilla. Swelling and formation of pus under and around nail or in palm. Ulceration from hangnail, begins under the nail. *Pain better from cold applications, elevating arm.* Worse, in hot weather, arm hanging down, in the evening, after midnight, from talking or touch. *Weak, empty, gone feeling, eleven A. M. Itching anywhere. Jerks in body during sleep.* Scrofulous subjects.

SYMPHYTUM.—Pain; pricking, sour, bruised. Periosteum affected. Felon after mechanical injuries.

SYPHILINUM.—Pain; ulcerative, dull, pricking. *Run-around is painful (in infant).* Finger or thumb involved. Finger swollen stiff. Pustular eruption leaves pock mark. Tired out mornings. *Shriveled, old-looking child. History of syphilis. Aggravation from four P. M. to two A. M.*

TARENTULA HISPANIA.—Pain; burning, formication, itching, ulcerative, compels patient to walk floor nights, but walking aggravates pain. *Parts over-sensitive to touch, yet must rub parts for relief. Can run better than walk. Gangrene.*

TEUCRIUM MARUM VERUM.—Pain; ulceraive, burning, drawing, pulsating, tearing, rheumatic, deep in bones. Ulceration affects either fingers or toe *nails with ingrowing feeling.* Twitching or choking during sleep. *Finger joints bend back easily. Itching in nose and anus.* Coughs up mucus having mouldy taste.

THUJA.—Pain; tearing, sticking, ulcerative, throbbing. Run-around. Nails ulcerated, crippled, crumbling, discolored. Veins swollen in honds. *Sweats all over except on head or only on uncovered parts, during sleep.* Pain better on motion. Worse from heat or when arm is hanging down.

REPERTORY OF REMEDIES FOR FELONS.

Abdomen feels retracted to spine—Plumb.
Aching extends to axilla—Sulf.
Acute hearing with drowsiness—Op.
Affections scrofulous—Iod., Pho. ac.
Aggravation after midnight—Rhu. t.
Aggravation from arm hanging down—Sulf., Thuj.
Aggravation from clear, fine weather—Caus.
Aggravation from cold applications before ulceration—Sec. c.
Aggravation from cold weather—Cal. ph.
Aggravation from damp weather—Cura, Rhu. t.
Aggravation from evenings—Paris, Sulf.
Aggravation from every other day—Chin.
Aggravation from eyes, using—Ruta g.
Aggravation from fat food—Puls.
Aggravation from four to eight P. M.—Lyc.

Aggravation from four P. M. to two A. M.—Syph.
Aggravation from gouty pains by heat—Led.
Aggravation from heat of sun, lights or fire places—Nat. c.
Aggravation from heat in ulceration—Sec.
Aggravation from hot weather—Sang. c.
Aggravation from hot applications—Apis, Led., Sulf.
Aggravation from midnight—Ars. a., Rhu. t.
Aggravation from morning—Lach.
Aggravation from motion—Cocc. c., Paris, Phos.
Aggravation from nights—Aur. m., Bar. c., Cal. ph., Hep., Nit. ac.
Aggravation from open air—Nat. c.
Aggravation from rest—Rhu. t., Ruta, Sep.
Aggravation from sleep—Lach.
Aggravation from soreness by motion—Dios.
Aggravation from stormy, wet weather—Ran. b.
Aggravation from sweating—Merc. s., Merc. v.
Aggravation from three to four A. M.—Kali c.
Aggravation from warmth of bed—Sep., Sil.
Aggravation from wet weather—Cal. ph., Ran., Rhu. t.
Aggravation generally from lying on left side—Nat. s.
Aggravation of backache on bending, lying in bed mornings—Berb. v., Lach.
Aggravation of pain from touch, friction of bandage—Nit. ac., Sulf.
Amelioration after eating—Iod.
Amerioration arthritic symptoms by passing copious urine—Cocc. c.
Amelioration from cold applications—Apis, Sulf.
Amelioration from elevating arm—Sulf., Thuj.
Amelioration from motion—Rhu. t., Sep., Thuj.
Amelioration from open air—Nat. s., Puls.
Amelioration from rubbing parts, yet worse on touch—Tar. h.
Amelioration from sweating—Thuj.
Amelioration from walking—Rhu. t.
Amelioration from walking floor nights—Rhu. t.
Amelioration from warmth—Rhu. t., Thuj.
Amelioration from warm, damp air—Caus.
Anæmic or sanguine—Fer. m.
Antiseptic solution—Dioxogen (H_2O_2), Mag. su.
Anxious and restless—Ars. a.
Arms, heaviness in—Cura., Kali c.
Arthritic symptoms better copiously urinating—Cocc. c.
Aversion to fats which disagree—Puls.
Aversion to open air—Nat. c.
Axillary glands swollen hard—Bar. c., Phyt.
Axilla, offensive sweat in—Bar. c.
Back, small of, stiffness, with bruised pain—Berb. v.
Back, small, pain worse bending, lying mornings—Berb. v.
Bananas aggravate symptoms—Cura.
Bad taste in mouth mornings—Puls.
Bed feels hard—Arn.
Begins felons from slivers or splinters—Pet.
Begins felons in hangnail—Nat. m., Sulf.
Begins felons under nail—Sulf.
Begins felons with dark red pustule—Phos.
Begins felons with small opening—Phos.
Begins ulceration in nail—Paris, Phyt., Plumb., Rhu. t., Sil., Sep.
Beginning, pain feels as if felon was—Iris v., Myr. s.
Better in warm, damp air—Caus.
Bilious attacks with brown liquid or greenish stool—Iris v.
Black and blue spots turn green—Led.
Black finger tips—Sol. n.
Blackheads on little pimples—Dios.
Blackish red fingers evenings—Arist.
Blisters burning as if stung by nettdes—Nat. c.
Blisters bluish on fingers—Ran.
Blisters fester, contain watery fluid—Nat. m.
Blisters in hand recur annually—Bufo.
Blisters red on fingers—Psor.
Blown up feeling in any part of body—Bov.
Bluish blisters on fingers—Ran. b.
Bluish, greenish palms—Sol. n.
Blue and black spots turn green—Led.
Blue nails—Chin., Aur. m.
Bluish red finger—Lyc.
Bleeds profusely—Phos.
Blindness from headache—Iris v.
Blood extravasation of—Arist.
Bloody discharge from beneath nail—Lach.
Bones affected—Sil.
Bones bared by suppuration—Cal. su.
Bones inflamed—Sil.
Bones suppurate and granulate—Cal. su.
Bony tissues develop slowly—Cal. ph.
Bruised feeling all over—Arn., Sol. n.
Bruised feeling in limbs at rest or in motion—Arn.
Brown greenish coating on tongue—Nat. s.
Brown scabs, suppuration begins with—Cal. su.
Brittle finger nails—Dios.
Brunettes only—Gins.
Burning blisters as if stung by nettle—Nat. c.
Burning palms with cold hands—Phos.
Carrion-like odor from body—Psor.
Child grows too rapidly—Pho. ac.
Chilblains, pain is like—Op.
Chilliness across shoulders—Ars. a.
Choking during sleep—Teuc. m.
Cold air, head sensitive to—Sil., Sol. n.
Cold air, sensitive to—Sol. n., Hep., Gins.
Cold hands with burning palms—Phos.
Cold water applications relieve—Apis, Bar. c.
Cold water, craves—Phos.
Cold water vomited when it becomes warm in stomach—Phos.
Cold relieves pain in ulceration—Sec. c.
Complexion, dirty yellow—Iod.
Contractions of affected muscles—Lyc.
Contractions, feels, in any part—Paris.
Copper colored eruptions—Psor.
Copper colored margins around ulceration—Pho. ac.
Coryza watery, acrid—Amm. m.

Cracks on fingers with hard, thickened skin—Cist.
Cracking finger tip [illegible]—Pet.
Cracking joints—Con., Rhu. t.
Cramping in fingers—Con., Fer. m.
Cramping, flying from limbs to fingers—Dios.
Craves chalk—Psor.
Craves cloves—Psor.
Craves cold water—Phos.
Craves eggs—Cal. c.
Craves fresh air with suffocation—Cit. v., Puls.
Craves salt—Nat. m.
Craves undigestible things—Psor.
Cries every moment for several days—Hura.
Curses and swears, desire to—Anac. or.
Damp, warm air, better in—Caus.
Dead and swollen, fingers feel—Hep.
Dead, one-half of finger feels—Pho. ac.
Debility from heat of the sun—Nat. c.
Debility from heat of lights and fire places—Nat. c.
Defined limits to felon—Pho. ac.
Dents skin easily by handling instruments—Bov.
Depression of spirits—Fer. m., Hyp., Lach.
Despondency, deep—Aur. m., Lach.
Development of bony tissues slow—Cal. ph.
Dirty yellow complexion—Iod.
Discharges bloody—Lach.
Discharges burning, stinging from under the scab—Mez.
Discharges clear water—Cit. v.
Discharges fetid—Lach.
Discharges from beneath nail—Lach.
Discharges greenish, yellow, watery—Nat. s.
Discharges stinging, burning from under nail—Mez.
Discharges watery, yellowish, green—Nat. s.
Diagonal course of symptoms marked in extremities—Both.
Drinks little, but often—Ars. a.
Drowsiness preceding a headache—Iris v.
Drowsiness with acuteness of hearing—Op.
Drowsy, unrested feeling in bed mornings—Cura.
Drowsy, but cannot sleep—Hyp., Op.
Ear pains from throat on swallowing—Phyt.
Eating relieves symptoms in general—Iod.
Emaciated all over—Iod.
Emaciated neck—Nat. m.
Emaciated, while living well—Nat. m.
Empty, gone feeling, eleven A. M.—Sulf.
Eruptions, copper colored—Psor.
Eruptions tend to suppurate—Psor.
Excitement with nervousness—Hura, Hyp.
Exhausted, frequently—Kali c.
Expansion felt in parts—Bov., Paris.
External chilliness—Mez.
External heat, internal shivering—Gins.
Extremities, to heart, shifting pain goes—Kal.
Extravasation of blood—Arist. m.
Eyes, puffiness over—Kali c.
Eyes, using, aggravates symptoms—Ruta.
Face pale, flushes on motion—Fer. m.
Fat food, aversion to—Puls.
Fat food, ailments from—Puls.
Fearful least some one touches affected part—Arn.
Felon after mechanical injuries—Arn., Ruta, Symph.
Felon at parturition—All. c.
Felon begins with dark red pustules—Phos.
Felon begins with small opening—Phos.
Felon comes after abuse of sulphur—Apis.
Felon discharges acrid water—Anthr.
Felon discharges yellow, watery, acrid—Anthr.
Felon gangrenous—Lach.
Felon inflamed—All. c.
Felon results from old scars—Hyp.
Felon results from old wounds—Hyp.
Felon results from punctured wounds—Hyp.
Felon sloughing—Anthr.
Felon starts from hangnail—Nat. m.
Felon suppurating—All. c.
Felon with purplish hue—Lach.
Felon with rheumatic troubles of heart—Kal.
Feeling of fulness of hands—Caus., Bov.
Feet sweat with most complaints—Sil.
Feet sweat, suppressed years ago—Sil.
Feet feel as if they had on damp, cold stockings—Cal. c.
Festering blisters contain watery fluid—Nat. m.
Fetid discharge from under nail—Lach.
Finger blackish red evenings—Arist. m.
Finger, blisters bluish on—Ran. b.
Finger, bluish blisters on—Ran. b.
Finger bluish red—Lyc.
Finger cramps—Con., Fer. m.
Finger, cramps in, coming from lower limbs—Dios.
Fingers feel cold or numb—Paris.
Fingers feel dead or hot—Paris.
Fingers feel dead and swollen—Hep.
Fingers feel hot or dead—Paris.
Fingers feel leaden—Cura.
Fingers feel numb or cold—Paris.
Finger goes to sleep—Amm. c.
Fingers, index, affected—Nat. c.
Fingers, itching tetters on—Caus.
Finger joints swollen—Myr., Phyt.
Fingers, leaden feeling—Cura.
Fingers, left side, and toes on right side affected—Both.
Finger nails brittle—Dios.
Fingers numb—Fer. m., Lach., Paris.
Finger, one-half feels dead—Pho. ac.
Finger or thumb affected—Sang. c.
Fingers red, swollen, inflamed—Apis, Cit. v., Rhu. t.
Fingers right hand affected first—Sang. c.
Fingers rigid, painfully—Cal. su.
Fingers, shifting pains in—Kal.
Fingers stiff—Cal. c., Cal. su., Fer. m., Gins., Rhu. t., Syph.
Finger swells when hand hangs down—Amm. c.
Fingers swollen—Gins., Hep., Lyc., Op., Rhu. t.
Fingers tingling—Cura.
Finger tips crack and itch—Pet.
Finger tips sensitive to cold air—Cist.

Finger tips black—Sol. n.
Finger tips sore—Cal. ph.
Finger tips swollen—Syph.
Fingers, tetters itching on—Caus.
Fingers weak—Cura.
Fingers yellow—Con.
First stage of felon—Dios., Iris, Led.
Fistulous openings—Lach.
Flaws in nails—Nat. m.
Flesh loosening while living well—Nat. m.
Floating in air, sensation of—Hyp.
Flush, pale face on motion—Fer. m.
Forearms and hands, veins swollen in—Puls.
Formication painful—Tar. h.
Frequently exhausted—Kali c.
Full feeling after eating a little—Lyc.
Full feeling in hand—Caus., Bov.
Fuzzy, hands feel—Hyp.
Gangrenous ulcers—Ars. a., Both., Lach., Sec. c., Tar. h.
Gas in bowels—Lyc.
Gases all go up in stomach or bowels—Asaf.
Glands, axillary, swollen hard—Bar. c., Phyt. (indurated).
Glands indurated—Cal. c., Con., Iod.
Glands hardened—Cal. c., Con., Iod.
Glands inflamed—Op.
Glands swollen—Cist.
Gold irritates, ulcerates or blackens tissue—Aur. m.
Gouty deposits—Benz. ac.
Gouty nodosities form on finger joints—Led.
Gouty pains worse from heat—Led.
Green, black and blue spots turn—Led.
Green liquid, brownish stool, bilious attacks—Iris v.
Greenish blue palms—Sol. n.
Greenish brown coating on tongue—Nat. su.
Greenish scabs, suppuration begins with—Calc. su.
Greenish, watery discharge—Nat. s.
Greenish, yellow, watery discharge—Nat. s.
Grows, child, too rapidly—Pho. ac.
Hæmorrhoids after suppressed leucorrhœa—Amm. m.
Hand and forearm, swollen veins—Puls.
Hand burning red—Sang. c.
Hand cold—Iod., Sep.
Hand, cold sweat on—Lyc., Sep.
Hand, feels a fulness in—Caus.
Hand feels fuzzy—Hyp.
Hands go to sleep easily—Mez.
Hands, heaviness in—Cura.
Hands look blue after washing in cold water—Amm. c.
Hands numb—Gins., Op., Ruta.
Hands, paralyzed feeling—Cura.
Hands red, burning—Sang. c.
Hand, right, affected first—Sang.
Hands stiff as if squeezing something a long time—Myr. s.
Hands swollen—Anthr., Cura., Op.
Hands tingle and are numb after exertion—Ruta.
Hands trembling—Merc. s., Phos. ac., Plumb.
Hands trembling when writing—Pho. ac.
Hands, veins in, are distended—Op.
Hands weak on trying to grasp—Caus.
Hangnails, felons start from—Nat. m., Sulf.
Hard, thickened skin on fingers with deep cracks—Cist.
Head feels suddenly elongated—Hyp.
Head sensitive to cold—Sil.
Headache begins mornings increases till night—Sang. c.
Headache better from sleep—Sang. c.
Headache following drowsiness—Iris v.
Headache following blindness—Iris v.
Headache with vomiting bile—Sang. c.
Hears distant noises while trying to sleep—Op.
Hearing acute with sleepiness—Op.
Heart, pains shift from extremities to—Kal.
Heat aggravates pain—Led., Sulf., Thuj.
Heat externally, shivering internally—Gins.
Heat relieves pain before ulceration takes place—Sec. c.
Heaviness in arms—Kali c.
Heaviness in all limbs—Pet.
History of syphilis—Syph.
Homesickness—Cal. ph., Pho. ac.
Hot, bed feels too—Op.
Hot hands—Eug.
Hot hands, dips them in cold water—Bar. c.
Hot, red, shining swellings—Arn.
Hot weather, pains worse—Sang. c.
Hungry all the time—Iod.
Hydrogenoid constitution—Nat. s., Thuj.
Index finger affected—Nat. c.
Indgestion with all gases going up—Asaf.
Indurated glands—Cal. c.
Induration after inflammation—Alum.
Ineffectual urging to stool—Anac. or.
Inflamed lymphatics—Hep., Lach., Op.
Inflamed fingers—Apis, Rhu. t.
Inflamed glands—Op.
Inflammation extends to axilla—Nit. ac.
Inflammation extends deep in tendons and bone—Sil.
Ingrowing nails on fingers or toes—Teuc. m.
Injuries, suppurates after—Hep., Led., Pet.
Injuries ulcerate quickly—Pet.
Internally, shivering, externally heat—Gins.
Involves fingers or thumbs—Sang. c.
Involuntary sighing—Cal. ph.
Irritable and nervous—Hura.
Itching anywhere—Sulf.
Itching anus—Teuc. m.
Itching, cracked finger tips—Pet.
Itching nose—Teuc. m.
Itching tetters on fingers—Caus., Pet.
Itching violently, vesicles—Flu. ac.
Itching worse from scratching—Con. m.
Jaundice—Chin., Iod., Nat. s., Plumb.
Jerks in body during sleep—Sulf.
Joints affected—Merc. s., Phos. ac., Phyt.
Joints bend in fingers easily backwards—Teuc. m.
Joints crack—Con., Rhu. t.
Joints, fingers swollen—Myr. s.

Joints, fingers swollen hard on palmar surface —Phyt.
Joints let fingers bend backward easily—Teur. m.
Joints painful—Phyt., Psor.
Joints swollen stiff—Berb. v., Cal. c.
Left fingers and right toes affected—Both.
Left side lying on causes general aggravation—Nat. s.
Leucorrhœa like white of egg—Amm. m.
Ligaments affected—Merc. s.
Limbs, heaviness in—Pet.
Limbs feels bruised, at rest or in motion—Arn.
Limbs, weakness in—Pet.
Limits of felon well defined—Pho. ac.
Line of demarkation well defined—Pho. ac.
Local applications to relieve pain of septic nature—Mag. su., with 3x potency.
Loquacious—Lach., Paris.
Losing flesh while living well—Nat. m.
Local antiseptic application to relieve pain—Mag. su., 3x and solution.
Lymphatics are inflamed—Hep., Lach., Rhu. t.
Mechanical injuries cause felons—Ruta.
Memory weak—Anac. or.
Milk disagrees—Cal. c.
Mornings, mouth tastes bad—Puls.
Mornings, tired out feeling—Lach., Syph.
Mouth tastes bad mornings—Puls.
Motion aggravates soreness in felon—Dios., Pho.
Motion ameliorates pain—Rhu. t., Sep., Thuj.
Mucus coughed up, has a mouldy taste—Teuc. m.
Nail, about, the skin is dry and cracked—Nat. m.
Nail, around, ulcerates—Nat. s.
Nail crippled—Thuj.
Nail crumbling—Nit. ac., Thuj.
Nail crumpled—Flu. ac.
Nail, decayed, look—Sil., Thuj.
Nail dirty grey, as if decayed—Sil.
Nail discolored—Thuj.
Nail falls off—Sec. c.
Nail feels as if partly torn off—Hura.
Nail feels as if sliver was sticking under it—Flu. ac., Hura, Lyc.
Nail grows too fast—Flu. ac.
Nail, heat in—Hura.
Nail, ingrowing, on fingers or toes—Teuc. m.
Nail, longitudinal ridges grows in—Flu. ac.
Nail, misshapen—Nit. ac.
Nail, pustules around—Psor.
Nail, root of, ulcerated—Cal. ph., Sang. c.
Nail, root of, ulceration begins in—Sang. c.
Nail, ridges longitudinal in—Flu. ac.
Nail suppurates and falls off—Sec. c.
Nail thickened—Nit. ac.
Nail torn off, causes felon—Led.
Nail turns blue—Aur. m., Chin.
Nail, ulceration begins in—Paris, Phyt., Puls., Rhu. t., Sep., Sil., Thuj.
Nail ulcerates under—Cocc. c., Lach., Mez., Sulf., Tabas.
Nail, white spots in—Nit. ac.
Nail, with flaws in—Nat. m., Nit. ac.
Nail, yellow—Con.
Nail, yellow stripes—Nit. ac.
Nerves feels as if involved with inflammation—Hyp.
Nervous, cries for several days—Hura.
Nervous depression from felons—Hyp.
Nervous excitement—Hura, Hyp.
Nervous irritability—Hura.
Nervous twitching—Hura.
Nettle, feels as if stung by, causing blisters—Nat. c.
Nights, palms sweat—Psor.
Nights, pains worse—Tar. h., Syph.
Nights, walks floor for relief—Rhu. t., Tar. h.
Nodosities gouty, forms on finger joints—Led.
Noises at distance keep patient awake—Op.
Numb hands—Cura., Gins., Op.
Numb fingers—Fer. m., Lach., Nit. ac., Paris, Plumb.
Numb, one-half of finger feels—Pho. ac.
Numb, swollen fingers—Apis.
Objects feel rough—Paris.
Odor from body carrion-like—Psor.
Oily perspiration—Psor.
Old, shriveled looking child—Syph.
One hand cold other hot—Chin.
Onions, sweat in axilla smells like—Bov.
Open air, pain better in—Nat. s., Puls.
Open air, pain worse in—Nat. c., Pet.
Opening small, felon begins with—Pho.
Pain, aching—Asaf., Phyt., Sil., Sulf., Tabas.
Pain across shoulders—Ars. a.
Pain acute in bones—Anthra.
Pain, acute—Led., Tabas.
Pain after mechanical injuries—Ruta.
Pain, arthritic, better when urine is copious—Cocc. c.
Pain as if felon was beginning—Iris v., Kal.
Pain as if nail was partially torn off—Hura.
Pain as if nail was involved—Hyp.
Pain as from a thorn—Lyc.
Pain before ulceration, better by hot applications—Sec. c.
Pain begins under the nail—Alum., All. c.
Pain better on motion—Rhu. t., Sep.
Pain better elevating arm—Sulf.
Pain better from cold water applications—Apis, Sulf.
Pain better in open air—Nat. s., Asaf.
Pain better walking about—Rhu. t.
Pain, bruised feeling—Alum., Arn., Con., Gins., Ruta.
Pain, burning in finger tips—Anthra., Apis.
Pain, burning—Ars. a., Berb. v., Bufo, Cal. ca., Cit. v., Hep., Lyc., Mez., Nat. c., Nat. m., (Nit. ac., Op., Phos. ac., Phos., Ran., Rhu. t., Sang. c., Sil., Tabas., Tar. h., Teuc. m.).
Pain, boring—Aur. m., Bov., Led., Ran.
Pain causes change in position frequently—Nat. s.
Pain causes patient to be wakeful nights—Hep.
Pain chaffing—Ars. a.
Pain compels patient to walk floor nights—Tar. h.

Pain, contracting—Gins.
Pain, crawling—Ran. b.
Pain, cutting—Nat. c., Pet., Plumb. (See lancinating.)
Pain, cramp-like—Anac. or.
Pain, darting—Asaf., Cal. c., Led., Phyt., Sep.
Pain, deep periosteal—Amm. c., Aur. m., Rhu. t., Ruta, Sep., Sil., Teuc. m.
Pain deep in bones—Aur. m., Tabas., Teuc. m.
Pain deep in joints—Bar. c., Benz. ac.
Pain drawing from shoulder to fingers—Paris.
Pain, drawing—Asaf., Amm. c., Arn., Aur. m., Caus., Chin., Cist., Led., Mez., Paris (Phos., Plumb., Puls., Teuc. m.).
Pain, dull—Amm. c., Cal. ph., Merc. s., Puls., Sol. n., Syph.
Pain, excoriating—Ars. a.
Pain extends up arm—Apis, Nit. ac., Phos., Sep., Sulf., Thuj.
Pain extends to ear on swallowing—Phyt.
Pain, first stage, of felon—Dios., Myr., Phyt.
Pain from within outwards—Asaf.
Pain, gnawing—Mez., Ran. b.
Pain goes up arm—All. c., Bufo, Led.
Pain, gouty, worse from heat—Led.
Pain in skin on margin of nail—All. c.
Pain in small of back, worse bending, lying mornings—Berb. v., Rhu. t.
Pain in left shoulder, arm—Fer. m.
Pain in stomach after eating—Pho.
Pain in finger joint, swollen hard, palmar surface—Phyt., Psor.
Pain in first stage of felon—Myr. s.
Pain in right shoulder—Sang. c.
Pain in ulceration, better from cold applications—Sec. c.
Pain jerks suddenly—Amm. m.
Pain lancinating (see cutting)—Hura b., Phos., Sil., Sol. n., Tabas.
Pain like chilblains—Op.
Pain like fly bite—Anthra.
Pain like needles—Phyt., Nit. ac.
Pain, numbing—Anac. or., Iod., Kali c., Phos., Plumb., Sec. c.
Pain, periosteal—Amm. c., Phos., Ruta, Sep., Sil., Tabas.
Pain, piercing—Cal. c., Con., Hep., Phyt.
Pain, pressive—Arn., Sol. n.
Pain, pricking—All. c., Arist., Cocc. c., Dios., Flu. ac., Lach., Nit. ac., Phyt., Puls. (Sec. c., Syph.).
Pain, pulsating—Amm. m., Teuc. m.
Pain radiates under the nail—Ars. a.
Pain relieved by antiseptic local application of Mag. su. solution, 3x internally.
Pain results from old scars—Hyp.
Pains, rheumatic—Kal., Teuc. m.
Pains run up arm—Bufo, Sulf.
Pains, sharp—Dios., Phyt.
Pains, sharp, early—Dios.
Pains, sharp, darting—Phyt.
Pains shifting from extremities to heart—Kal.
Pains shifting in fingers—Kal.
Pains, shooting—Amm. m., Bov., Cal. c., Caus., Iris v., Kali c., Merc. s., Mez., Nat. su. (Nit. ac., Paris, Sang. c., Sep., Sol. n.).
Pains shooting in fingers—Paris.
Pains shooting from fingers to elbows—Caus.
Pains, sliver-like—Nit. ac.
Pains, sliver-like, sticking under nail—Flu. ac., Hura b., Lyc.
Pains, smarting—Nat. m.
Pains, spasmodic—Ruta.
Pains, sprained-like, feeling—Cal. ph.
Pains, splinter-like—Bar. c., Hep., Lyc., Nit. ac., Pet., Sep., Sulf.
Pains, stinging—Apis, Lach., Mez., Nat. c., Ran. b., Sep.
Pains, sticking—Bar. c., Berb., Cocc. c., Flu. ac., Kali c., Nit. ac., Pet., Psor., Rhu. t., Sep., Sul., Thuj.
Pains, stitching—Benz. ac., Kali c., Lyc., Phos., Ran. b. Rhu. t.
Pains streak up arm—Bufo.
Pains, subcutaneous—Puls.
Pains, tearing—Amm. m., Arn., Benz. ac., Berb. v., Bov., Bufo, Cist., Con., Iod., Nat. su., Paris, Phos., Ran. b., Rhu. t., Ruta, Teuc. m., Thuj.
Pains, throbbing—Apis, Bar. c., Flu. ac., Hep., Hura b., Iod., Led., Merc. s., Op.
Pains, tingling—Amm. m., Lach., Nat. su., Ran. b.
Pains, ulcerative—Amm. m., Anac. or., Both., Cal. ph., Cal. su., Cura., Eug., Fer. m., Gins., Hyp., Iris v., Myr. s., Nat. su., Nit. ac., Op., Phyt., Puls., Ran. b., Ruta, Sang., Syph., Tar. h., Teuc. m., Thuj.
Pains under the nail—Berb. v.
Pains, vibrating—Berb. v.
Pain, violent—Cal. su., Plumb., Sep.
Pain worse nights—Asaf., Aur. m., Bar. c.
Pain worse in cold weather—Alum.
Pain worse in hot weather—Sang. c.
Pain worse from touch or friction of bandage—Hep., Nit. ac.
Pain worse from warmth of bed—Sep.
Pain worse midnight—Ars. a.
Painful formication—Tar. h.
Painful itching—Apis, Bov., Nat. c., Puls., Psor., Ran. b., Sil., Tabas., Tar. h.
Painful rigid fingers—Cal. su.
Painful stiff fingers—Chin., Led.
Painful swollen fingers—Cal. c., Chin.
Painless ulcers at night—Sep.
Palms burn with cold hands—Phos.
Palms burning—Sang. c.
Palms greenish blue—Sol. n.
Palms hot—Flu. ac.
Palms red—Flu. ac.
Palms sensitive—Chin.
Palms sweat—Con., Flu. ac., Iod.
Palms sweat nights—Psor.
Palmar surface, felons form on—Led., Phyt., Sep., Sulf.
Paralyzed, numb feeling—Plumb.
Paralyzed hands—Cura.
Perspiration, oily—Psor.

Periosteum, affected—Phos.
Pettish, with depression of, spirits—Fer. m.
Piles after suppressed leucorrhœa—Amm. m.
Pimples and pustules on face—Cal. su.
Pimples, fine stinging in—Ars.
Pimples, small, with black heads—Dios.
Pock marks left by pustular eruption—Syph.
Position must be changed frequently, from pain—Nat. s.
Prickly heat up arm, follows stinging in felon—Apis.
Pricks from needle causes felon—Led.
Prostration—Ars. a., Kali c.
Puffiness over eyes—Kali c.
Puffiness under eyes—Apis.
Pulse weak—Kali c.
Purplish hue in felons—Lach.
Pus greenish—Asaf.
Pus, purulent, offensive—Flu. ac.
Pus tends to form scales—Cal. su., Mez.
Pus, thin—Asaf.
Pus, offensive—Flu. ac.
Pus, profuse—Asaf.
Pus, purulent, offensive—Flu. ac.
Pustules and pimples on face—Cal. su.
Pustules around finger nails—Psor.
Pustules, dark red, felon begins with—Phos.
Pustular eruption leaves pock mark—Syph.
Pustules on fingers—Anac. or., Psor.
Punctured wounds, felons result from—Hyp., Led.
Red areola to white bullæ—Nat. c.
Red blackish are fingers evenings—Arist.
Red blisters on fingers—Psor.
Red, hot, shiny swellings—Arn.
Red spots, swollen, on fingers—Plumb.
Red streak to elbow—All. c., Anthra., Bufo.
Red streak up to axilla—Amm. c.
Red swollen fingers—Apis.
Redness around old scars—Flu. ac.
Redness follows lymphatics up arms—Bufo.
Repeats song running in head—Myr. s.
Restless and anxious—Ars. a.
Results from old scars and wounds—Hyp.
Rheumatic pain—Kal.
Rheumatic troubles of heart with felon—Kal.
Right shoulder, pain in—Sang. c.
Right side toes, left side fingers affected—Both.
Rough, objects feel—Paris.
Run-around—Alum., All. c., Bov., Bufo, Caus., Cit. v., Con., Dios., Eug., Fer. m., Hep., Nat. su., Phos., Plumb., Puls., Psor., Rhu. t., Ruta, Sang. c., Sep., Sil., Sulf., Syph., Tabas., Thuj.
Run-around painful in infants—Syph.
Run-around sensitive to touch—Apis, Hep., Merc. s., Sulf.
Running is easier to pain than to walk—Tar. h.
Root of nail ulcerates—Cal. ph.
Sanguine or anæmic—Fer. m.
Salt, craves—Nat. m.
Scab, acrid pus discharges from under—Mez.
Scars, old, felons result from—Hyp.
Scratching aggravates the itching—Con.
Scrofulous subjects—Iod., Phos. ac., Sulf.
Sensation of contraction of a part—Paris.
Sensation of expansion of a part—Paris, Bov.
Sensation of floating in air—Hyp.
Sensitive finger tips to cold air—Cist.
Sensitive skin—Chin.
Sensitive palms—Chin.
Sensitive to cold air—Gins., Hep., Sol. n.
Sensitive to cold or heat—Merc. s.
Sensitive to draughts of cold air—Hep.
Sensitive to heat or cold—Merc. s.
Sensitive to pressure—Hep.
Sensitive to touch—Apis, Asaf., Hep., Nit. ac., Paris.
Sheaths of tendons affected—Merc. s.
Shiny, red hot swelling—Arn.
Shifting pains in fingers—Kal.
Shifting pains from extremities to heart—Kal.
Shivering slight, followed by profuse cold sweat—Both.
Shivering runs over body after urinating—Eug.
Shivering internally, heat externally—Gins.
Shooting pain in fingers—Paris.
Shoulders, pain or chilliness across—Ars. a.
Shoulder, right side, pain in—Sang. c.
Shoulder to finger, tearing pain goes—Cist., Paris.
Shriveled, old looking child—Syph.
Sighing, involuntary—Cal. ph.
Skin about nail, dry, cracked—Nat. m.
Skin cracks and peelsoAmm. m.
Skin eruptions tend to suppurate—Psor.
Skin of fingers dent easily from instruments—Bov.
Skin peels between fingers—Amm. m.
Skin recedes from nail—Eug.
Skin sensitive—Chin.
Sleep, choking during—Teuc. m.
Sleep, hands go easily to—Mez.
Sleep, jerks in body during—Sulf., Teuc. m.
Skin, starting in—Myr. s.
Sleep, sweats profusely during—Chin., Con., Thuj.
Sleepiness with acute hearing—Op.
Sleepiness preceding a headache—Iris v.
Sleepy, but cannot sleep—Hyp., Op.
Slivers, felons begin with—Pet.
Sloughing of ulcers—Lach., Sol. n.
Smell of oranges causes nausea—Cit. v.
Song keeps running in head—Myr. s.
Sore on finger tips—Cal. ph.
Sore turns black—Ars. a.
Splinter causes felon—Led.
Splinter like feeling on palmar surface—Sep.
Starting in sleep—Myr. s.
Stool, ball like—Plumb.
Stiff joints—Berb. v.
Stiffness in small of back with bruised pain—Berb. v.
Stiffness of fingers—Calc. c., Fer. m., Gins., Myr. s., Rhu. t.
Stinging in felon followed by prickly heat in arm—Apis.

Stinging pain in blisters as if caused by nettle—Nat. c.
Stockings feel cold and damp—Cal. c.
Stomach, pains in after eating—Phos.
Stool, ball-like—Plumb.
Stool greenish brown, liquid, bilious attack—Iris v.
Stool hard like a stone—Alum.
Stool scanty with weight in rectum—Eug.
Suddenly head feels elongated—Hyp.
Sulphur after abuse, felons appear—Apis.
Suffocative attacks with craving fresh air—Cit. v.
Suppurates around thumb nail—Eug., Sulf.
Suppurates blue, black swelling around nail—Bufo.
Suppurates easily, skin eruptions—Psor.
Suppurates nail and falls off—Sec. c.
Suppurates slowly—Lach., Merc. s., Eug., Radium, Sulf.
Suppuration bears or exposes bone—Cal. su.
Suppuration begins with yellow, brown or greenish scabs—Cal. su.
Suppuration from hangnail—Sulf.
Suppuration, heat relieves pain before—Sec. c.
Suppuration in palm—Sulf.
Suppuration is hastened by—Hep., Lach., Merc. s., Merc. v.
Suppuration threatens—Eug.
Suppuration under nail—Sulf.
Suppurative pain better by cold applications—Sec. c.
Sweats all over except head—Thuj.
Sweat, cold profuse, follows slight shivering—Both.
Sweat, cold, on hands—Lyc.
Sweats during sleep—Chin. con., Thuj.
Sweats easily—Hep.. Merc. s., Merc. v.
Sweats in axilla—All. c.
Sweat in axilla smells of onions—Bov.
Sweats in palms—All. c., Con.
Sweats offensive in axilla—Bar. c.
Sweats on palms nights—Psor.
Sweats on feet with most complaints—Sil.
Sweat on feet suppressed years previously—Sil.
Sweats only on uncovered parts—Thuj.
Sweats profusely during sleep—Chin., Con.
Sweats red stains in axilla—Bar. c.
Sweats relieves pain—Thuj.
Sweats without relief—Merc. s., Merc. v.
Sweats yellow stains in axilla—Bar. c.
Swears and curses, desire to—Anac. or.
Swelling blue, black around nail—Bufo.
Swelling blue, black followed with suppuration—Bufo.
Swelling, hard, small—Lach.
Swelling, hot, red, shiny—Arn.
Swelling joints—Berb. v., Cal. c.
Swelling, painful—Cal. c.
Swollen and dead, fingers feel—Hep.
Swollen axillary glands—Bar. c., Phyt.
Swollen fingers—Apis, Gins., Hep., Op., Rhu. t.
Swollen glands—Cist.
Swollen hands—Cura., Op.
Swollen red spots on fingers—Plumb.
Symptoms diagonal from extremities, left and right are marked—Both.
Syphilitic history—Syph.
Talks merely for the sake of talking—Paris.
Talk aggravates pain—Sulf.
Taste bad, slippery in mouth mornings—Puls.
Taste of mouldy mucus coughed up—Teuc. m.
Tearing pain from shoulder to fingers—Cist.
Tendons affected—Hep., Merc. s., Nat. s., Nit. ac., Ran. b., Rhu. t., Sil.
Tendons inflamed—Sil.
Thirstless—Puls.
Thirsty, drinks little and often—Ars. a.
Thumb nail, skin recedes from—Eug.
Thumbs affected—Bufo, Eug., Kali c., Sang. c., Syph.
Tips of fingers sensitive to cold air—Cist.
Tired out feeling morning—Cura., Lach., Syph.
Tired and drowsy morning—Cura.
Toes right side, fingers left side affected—Both.
Touch aggravates pain—Nit. ac., Hep., Sulf.
Touch aggravates yet affected part must be rubbed to relieve pain—Tar. h.
Touch, sensitive to—Hep., Nit. ac.
Tongue broad—Merc. s., Merc. v.
Tongue coated yellow—Merc. s.
Tongue, greenish brown coating—Nat. s.
Tongue, greyish edges—Merc. v.
Tongue indented by teeth—Merc. s.
Tongue, mapped—Merc. v.
Tongue not swollen—Merc. v.
Tongue swollen—Merc. s.
Tongue, thin yellow coat on back of—Merc.
Trembling of hands—Merc. s., Plumb.
Twitching and nervous—Hura.
Twitching during sleep—Teuc. m.
Ulceration around nail—Nat. s., Sulf.
Ulceration begins at root of nail—Sang. c.
Ulceration begins in nail—Paris, Phyt., Plumb., Puls., Rhu. t., Sep., Sil., Tabas.
Ulceration copper colored margins—Pho. ac.
Ulceration from hangnails—Sulf., Nat. m.
Ulceration in palms—Sulf.
Ulceration, itching in—Ran. b.
Ulceration under nail—Asaf., Aur. m., Cocc. c., Mez., Pho. ac., Sulf.
Ulceration with proud flesh—Lach., Sol. n.
Ulcerates quickly from injury—Pet.
Ulcerated root of nail—Cal. ph., Caus.
Ulcerative pain—Cura., Eug., Fer. m.
Ulcers, gangrenous—Ars. a., Both.
Ulcers painless at times—Sep.
Ulcers turn black—Ars. a.
Ulcer with splinter-like pain—Bar. c.
Urinating after, shivering runs over body—Eug.
Urine copious, relieves arthritic symptoms—Cocc. c.
Urine, green—Ruta.
Urine has pink sediment, adheres to vessel—Sep.
Urine scanty—Ruta.
Urine smells strong like horse urine—Benz. ac., Nit. ac.
Urging to stool ineffectual—Anac. or.

Veins distended in hanls after working in cold water—Amm. c.
Veins distended in hands—Amm. c., Op., Puls., Thuj.
Veins swollen in hands and forearm—Puls.
Vesicles burn like fire—Mez.
Vesicles itch violently—Flu. ac.
Vesicles form around felon—Mez.
Vexed by song running in head—Myr. s.
Violet colored fingers mornings—Arist.
Wakeful nights with pain—Hep.
Walking about ameliorates pain—Rhu. t.
Walking floor nights for relief—Rhu. t., Tar. h.
Walking more difficult than to run—Tar. h.
Walking nights relieves pain—Tar. h.
Warmth of bed aggravates pain—Sep., Sil.
Water, cold, craves—Phos.
Water, cold, vomited soon as it becomes warm in stomach—Phos.
Watery fluid in festering blisters—Nat. m.
Watery, yellowish, green discharge—Nat. s.
Weak, empty, gone feeling at eleven A. M.—Sulf.
Weakness in all limbs—Pet.
Weakness in hands on trying to grasp—Caus.
Weary feeling mornings—Sulf.
Weeps easily—Puls.
Weight in rectum with scanty stools—Eug.
White bullæ with red areola—Nat. c.
Worse in clear fine weather—Caus.
Worse from touch yet must rub parts for relief—Tar. h.
Worse in open air—Pet.
Worse midnight—Ars. a.
Wounds, old felons result from—Hyp.
Wounds, punctured felons result from—Hyp.
Wrist drop—Plum.
Writing causes hand to tremble—Pho. ac.
Yellow coated tongue—Merc. s.
Yellow, dirty complexion—Iod.
Yellow, greenish, watery discharge—Nat. s.
Yellow nails—Con.
Yellow scabs, suppuration begins with—Cal. su.
Yellow skin—Plumb., Chin., Nat. s.
Yellow spots on fingers—Con.
Yellow, thin coat on back of tongue—Merc. v.

BOOK REVIEWS.

Pocket Manual of Homœopathic Materia Medica. By William Boericke, M. D. Fifth edition, revised and enlarged, with the addition of a Repertory, by Oscar E. Boericke, A. B., M. D. Boericke & Runyon. New York, 1912.

Probably no more popular book on the homœopathic Materia Medica has ever been issued than Boericke's Materia Medica. It has become as much of a household word in our homœopathic colleges as Gray used to be in anatomical halls.

It deserves this reputation and renown, for it possesses features that no other work has. It says something about every remedy ever used in Homœopathy. If you don't know where to find data concerning a remedy look in this little work and it will be sure to be found. This new edition has the latest remedies used in the school.

Dr. Boericke's book possesses the additional charm of gleanings from the great field of applied Materia Medica that are discriminating and utilizable.

The repertorial part has been greatly improved in this edition. It has gotten what the late Dr. S. A. Jones called a "Fallstaffian Rotundity," and it will take the place of many of our larger and more elaborate repertories for quick decisions in serious cases.

The first edition of this work appeared in 1901, and we feel sure that the instantaneous recognition of the merits of that volume will have a five-fold repetition in the present—fifth edition. We commend it to all and especially to the student.

Hypodermic Medication. By Frank Webb, M. D. Therapeutic Publishing Company, Boston. 1912.

This is an eclectic work advocating the hypodermic use of pharmaceutical preparations of plants—plant hypodermics, so-called. It is quite probable that in the hypodermic employment of drugs a more prompt action is to be had. This method certainly, at least, will impress the bystanders, if not the patient himself, that something is being done in an energetic way. We would advise our readers to procure this little book and read it. They will learn much.

Physical Diagnosis. By Richard Cabot, M. D. Fifth Edition. New York: William Wood & Co. 1912.

This is a classic and the present revision has made the volume a perfect one on the subject. We have always been an admirer and advocate of Cabot's diagnosis. With this diagnosis, a good work on homœopathic therapeutics well studied, a practitioner will have the greatest of success in the practice of medicine. He will be a good doctor, but he must have the essentials. We know of scores who are perhaps quite as good diagnosticians as Cabot, but they stop there. If they cannot doctor the sick and doctor intelligently they are only half-baked physicians.

This book is beautifully and intelligently illustrated and we commend it highly to our students, and we are all the more pleased to do so because of the tolerant and gentlemanly attitude of its distinguished author towards Homœopathy. Dr. Cabot is a teacher in Harvard Medical School, and we have often thought that this school, the front and head of all American medical institutions, should be broad enough to have chairs of homœopathic and eclectic medicine or any other sectarian medicine that had proved itself as these

two systems have done. Then and then only will it be progressive. Meantime we will continue to read Dr. Cabot's Diagnosis and to praise it.

TRANSACTIONS OF THE BRITISH HOMŒOPATHIC SOCIETY, 1911-1912.

This is a work of 240 pages, containing the papers of the British Society, together with discussions, and shows a splendid year's work of our confrères *d'outre mer*. We find very much excellent homœopathic material in the volume.

PROGRESSIVE MEDICINE. Lea & Febiger, Philadelphia, Pa. 1912.

We have received three volumes of this wonderfully useful publication—that of June 1, September 1 and December 1, being numbers 2, 3 and 4 of Volume XIV. The wealth of material found in these volumes is great. We enjoyed especially the Practical Therapeutic Referendum, by Dr. H. R. M. Landis, in the December issue because therapeutics is something that appeals to us, and any practitioner will find his interest arrested by articles appealing to him in whatever field he labors.

Paralysis Agitans.

Paralysis agitans has been almost universally accepted as a disease of middle or late life. Willige has reviewed the cases in which it was supposed to have developed early, and in a long and important paper comes to the conclusion that most of the cases of so-called early paralysis agitans will not bear examination, some are certainly not examples of this disease, and some are doubtful, but there are sufficient reliable cases to warrant the statement that paralysis agitans may occur in early life. The number of reliable cases is about 12 (possibly 14). The earliest case developed at the twentieth year, possibly the eighteenth year. The symptoms of the disease are the same whether it develops early or late in life, but when it occurs early it is more likely to be confused with multiple sclerosis. Trauma or overexertion is of little importance in juvenile paralysis agitans, but infectious diseases, especially typhoid, have more importance. In about half of the cases a family tendency to the disease has been observed, and this is much greater than in the presenile cases. Willige, therefore, believes these family forms should be regarded as a distinct group under the name of paralysis agitans juvenile familiaris.

Torsion of the Gall Bladder.

One of the more unusual gall-bladder conditions is torsion, a case of which is reported by Fischer. In his case, as in the others that have been reported, the gall-bladder was extremely long and the cystic duct also of unusual length. There were no adhesions, so that the gall-bladder constituted what might be termed a floating gall-bladder.

Gangrene of the Gall Bladder.

An interesting case of gangrene of the gall-bladder without the presence of stones is reported by Friedrich. He thinks it probable that cholelithiasis had existed with the occasional passage of stones in the stool. At the time of operation, however, there remained only an infectious cholecystitis, with gangrene of the gall-bladder wall and partial fibrous occlusion of the cystic duct.

Why Tires Do Best on Stale Air

The less oxygen a tire gets inside it the better, according to the Michelin tire expert. The reason is that rubber, while it is practically air-tight, is not perfectly so, the air gradually filtering through. Of the two principal gases which compose the air—oxygen and nitrogen—oxygen diffuses through the rubber the faster, so that as time goes on the percentage of oxygen may fall quite low. This explains why a new tire has to be inflated several times before it holds air without any noticeable loss. As long as the original air remains in the tire each inflation increases the proportion of nitrogen and thus the loss by diffusion becomes smaller. This diffusion is responsible, no doubt, for the large proportion of cars which run on underinflated tires. Of the cars which stop at the Michelin factory fully 50 per cent. run on underflated tires. A tire may seem hard and tight, but diffusion may lower the air pressure by as much as ten pounds. The only way to be sure of obtaining the proper pressure is to use a tester, and use it not only when inflating, but periodically—say, once a week.—*Automobile Topics.*

Selenium in Hydrocele.

A case of hydrocele in a man aged 44, which had existed since childhood, disappeared upon taking *Selenium* 6 for seminal weakness. Another case in a man of 55. *Selenium* diminished the size of the hydrocele by a quarter in three months. In a child with a slight hydrocele *Selenium* cured completely in a month.—*L. Art Medical.*

Listerine.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teasoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturer.

MEDICAL CENTURY

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VOL. XX JANUARY, 1913 No. 1

EDITORIALS.

ANNOUNCEMENT AND GREETING

ANOTHER milestone has been passed in the life of the MEDICAL CENTURY. With this issue we commence the twentieth year of its existence. In looking over the bound volumes even we ourselves are amazed at the vast amount of matter, a veritably encyclopædia in nature that we have been able to present to our readers, thanks to our long list of contributors—the longest found in any homœopathic periodical in the world.

No phase of homœopathic medicine or surgery exists but what has been discussed by able writers in the columns of the CENTURY. One of the marked successful features of the past year has been our surgical issues, which have everywhere met with a warm reception.

We shall continue this feature and, perhaps, others, of equal popularity; for the MEDICAL CENTURY will continue as heretofore to be the homœopathic periodical of the entire school of medicine, rather than of any part thereof, represented by one or more societies, realizing that the strongest homœopathic society in the United States is but 20 per cent. strong, and the strongest of our State societies has not over 40 per cent. of its physicians as members.

It gives us pleasure to announce that with this issue the name of Dr. Lewis P. Crutcher, now of Glendale, California, will appear as Associate Editor. Dr. Crutcher is a powerful and convincing writer and one fully alive to the legislative dangers besetting the homœopathic school of medicine. He is familiar with the legislative needs of the school.

Dr. Crutcher is no longer connected with the National League for Medical Freedom, having for good and sufficient reasons resigned therefrom, and now desires and purposes to lend his individual energies to Homœopathy.

We bespeak for our readers an enjoyment of Dr. Crutcher's articles and for the CENTURY itself a strengthening of its editorial columns.

CONSTRUCTIVE LEGISLATION.

THE time for definite constructive legislation by the homœopathic school was never more propitious than now.

By "constructive" legislation is not meant perpetual and eternal insistence upon the "Thou shalt not," but instead a positive and understandable "I will."

It were well to have taught the medico-political contingent a wholesome lesson of late, but that having been accomplished the Homœopaths (and all at the minority schools as well) should hasten to the passage of such legislation as will restore their integrity and independence, thereby making impossible for all future time the recurrence of those political situations that have so seriously menaced us in the past. One incontrovertible fact is now apparent to every thinking Homœopath, and it is that if we do not look to our emancipation as a school without further delay then there will not be any homœopathic school left *to emancipate*.

This is not the cry of the alarmist, but rather is it a condition that has already impressed itself indelibly upon the consciences of the rank and file of our school.

This reconstruction of our school must safeguard the honor and dignity of every reputable homœopathic physician in the United States, and it must also restore to our colleges and societies their rightful place in the community, and it must at the same time offer unmistakable encouragement to those who would adopt homœopathic medicine as a profession.

The accomplishment of these desiderata will never be realized through maudlin preachments and certainly not through the adoption by our committees and representatives of every cunning policy or tricky resolution offered by those who have for their chief aim in life the early and complete annihilation of our school.

It may be held as a certainty that so long as pompous emissaries of an alien and decidedly antagonistic school are permitted to enter our colleges on tours of inspection that we cannot

consistently invite young men and women of discernment to enter our institutions of learning in preference to those maintained by the very men whom we permit to sit in final judgment upon our teaching equipment. And it is no less a certainty that so long as we tolerate such an assumption of authority as is manifested by these same aliens when they presume to pass upon the efficiency of a Homœopath in any and all branches of practice, we cannot claim from an intelligent lay people that respect and patronage that is by every measure of right the heritage of our school of medicine.

Contrariwise, the homœopathic school should and must be the sole arbiter in the matter of its colleges and societies, and indeed it must raise itself to a dignified control of all its activities and interests.

It is contended by those who in perfect complacency witness the unfortunate trend of our school that it is useless to attempt the alleviation of our condition by striking for honor and independence through such measures as separate examining boards and similar radical steps, since, as they claim, we once had the separate boards and they were "failures" as such.

They cannot have observed events very carefully not to have seen that those of the dominant school who so successfully banished the separate boards have never attacked any other competitive measures or methods that were recognized as "failures."

The record does not contain one instance in which "failures" in either men or measures have ever been assailed by the cohorts of monopolistic medicine, and one may gauge with comparative accuracy the merit of any one of the newer methods of healing by the degree of persecution it has suffered at the hands of the dominant school.

It may be mentioned in passing that the apologists in the homœopathic school are given to the argument that the composite board is just and equable "so long as no one school has a majority representation," but a simple comprehension of democratic principles and of American institutions must lead all honest men to insist that since the dominant school has by far the greater number of adherents that if we must have composite boards then that school is justly entitled to a majority representation.

As a matter of course it is not a question of "majorities," but matter of *principles,* and homœopathic principles will not flourish under the control—partial or complete—of any other school or system, and therefore from either angle the composite board cannot be endured by our school if it is to "live and move and have its being."

Then constructive legislation leads us straight to the demand for separate examining boards and the restoration of our right to attend to our own affairs generally. Let us well remember that we made the *therapeutic* contest many years ago and that in recognition of this fact by those who met defeat they resorted to stratagem by which the fight was changed to a *political* one, and the paramount issue with the homœopathic school today is, what are we going to do with this new issue?

Legislators, State and national, are now awake to our problems and are ready to treat us justly, and procrastination will be both inexcusable and dangerous.

L. P. C.

A PROPAGANDISTIC FUND

LAST June, at the meeting of the Trustees of the American Institute of Homœopathy, a plan was submitted by the Council of Medical Education for the collection of a fund for propagandism. This plan was endorsed and accepted by the Trustees at this meeting. It embodied briefly the placing of the entire campaign under a Director who should appoint Sub-Directors in every State of the Union, and these, together, divide the States into districts and set to work therein solicitors to obtain pledges from each and every homœopathic physician in the United States to contribute the minimum amount of two dollars ($2.00) per annum for a period of five years. This movement was not intended to interfere with any other financial activity, such as college and hospital endowments. Nor with the permanent endowment fund of the Institute. The sum asked is too small to seriously affect any such activity; it is intended for immediate use and to cover the time that will intervene before the permanent endowment fund will become operative in order that the work of propagandism carried on now for some years may not be interrupted, but placed in a condition for perpetuation.

Work was commenced on these lines in October; pledge cards were issued reading as follows:

"I hereby agree to pay two dollars a year for

a period of five years for the propagandism of Homœopathy to be conducted by the American Institute of Homœopathy through its Council of Medical Education and Field Secretary."

On the reverse side of the card is the propagandistic program, reading as follows:

"1. Instruction of the Laity in the benefits of Homœopathy by means of literature and popular lectures.

2. Promulgating Homœopathic Medicine as a profession among College Students and graduates.

3. Coöperation with Societies, local, State and National, in securing increased membership.

4. Publication of propagandistic literature, Comparative Statistics, periodical and newspaper articles."

During the month of November energetic work was inaugurated in every State of the Union and on December 7th the Director was enabled to report to the Trustees the securing of pledges amounting to $2,162.50 and cash turned over to the Treasurer of the Institute, amounting to $458.50, an acknowledged excellent showing for a month's work.

The Trustees, at their meeting, were enthusiastic in their appreciation of this work and have insisted that it be continued until every homœopathic physician in the country has been invited to contribute the small sum of two dollars annually toward the upbuilding of the homœopathic cause. Ten of the Trustees immediately agreed to stand sponsor for the work done in their districts, and every Trustee present asserted his intention of lending a helping hand. No opposition to the plan was heard, and the Council was instructed to continue, the authority granted at the June meeting of the Trustees and the excellent report being sufficient credentials.

It is important that this work be done at once. It is not alone Institute members that will benefit by it; every physician of the school, no matter what his affiliations are, will be benefitted by a promulgation of homœopathic principles. He should, therefore, be willing to pay two dollars a year merely as an investment. It is less than twenty-five cents a month, less than most of us tip our janitors and yet, if every one in the profession would contribute this small sum the propagandistic board would have at its command sufficient funds to carry out its program in its entirety.

We trust our readers will not only sign the pledge card at once upon its reaching them, but take a hand in getting some other physician, patron or friend, to sign one. Let every physician in the school take an interested quarter of an hour and devote it to this work. It will not only solve the question of finance, but will evidence a real awakening in the school.

Another report will be made to the Finance Committee on March 1st. We have set the figures for that report at $6,000.00 in pledges and $1,200.00 in cash. It can be done and the director of the work will not be satisfied with less.

A fruitful field for pledges is the lay field; the report made to the Trustees in December contained a dozen or more contributions from that source, and among our homœopathic ladies are some fine workers. Pittsburgh and St. Paul were heard from in no uncertain terms—and the amounts raised on these pledges exceeded by far the minimum two dollars. Once set the women of our profession at work raising *two dollars* as a pledge. Well, we know what would happen.

January and February are cold months and, therefore, good ones in which to warm up to the work. Therefore, let every homœopathic physician from Point Barrow to Porto Rico and from the Passamaquoddy to the Philippines get busy and do it Now.

THE TRUSTEES' MEETING.

THE meeting of the Trustees of the American Institute at Cleveland on December 7th was perhaps one of the most important ever held by that body. All were present save Dr. Stout, first vice-president.

One of the chief questions settled was that of finance. The Committee on Finance, Drs. A. B. Norton (chairman), J. P. Cobb and James W. Ward, solved the whole thing in a brief space of time by placing the entire Institute financial department upon the budget system, abolishing all other methods and laws respecting the same, and it was given immediate effect. This is a practical business solution of the matter, one that is followed in all business where there are many departments and varying functions.

Among other things considered was the *Journal,* which is to be bettered, especially editorially, and given a wider range of usefulness.

The Seniors were asked to adopt a resolution asking that all but honorary and associate members were to pay full dues.

The dues of the Institute were fixed as follows: $1 for the first year, $2 for the second year, $3 for the third year, $4 for the fourth year and $5 for the fifth year, the *Journal* to be $1 for members and $2 for non-members.

It was reported that 162 new members were taken in during the year.

The place of meeting decided upon was Denver and the time set July 7th unless the Denver committee finds this time inadvisable, in which case it is left to the president.

Medical education was discussed. President Hinsdale spoke at length thereupon and he was asked to call a conference of heads of our teaching institutions if such was advisable.

The Field Secretary was re-employed until the end of the fiscal year, June 30, 1913, under the direction of the Council of Medical Education, and it is understood that he is to assume much of the editorial work of the *Journal*.

RECOGNITION BY PENNSYLVANIA.

SOME time ago we had occasion to chronicle the action of the New York Board of Regents in rescinding recognition of certain homœopathic schools. Pennsylvania has a list now under two groups—A and B. In group A there are two homœopathic schools—Boston University and Michigan University. Graduates of these schools are eligible to medical licensure by reciprocity and examination. In group B there are likewise two homœopathic schools—Hahnemann of the Pacific and Hahnemann of Chicago. These are eligible to medical licensure in Pennsylvania by examination only. Boston University is excluded from New York and so is Hahnemann of Chicago. At present the only homœopathic school enjoying full privileges in both New York and Pennsylvania is the Homœopathic Medical College of the University of Michigan. Hahnemann of Philadelphia is not recognized in New York and the New York Homœopathic College is not recognized in Pennsylvania. Cleveland-Pulte, Kansas City Hahnemann, Hering and Iowa State Homœopathic Colleges are not recognized in either State. Recognized by whom? The medical examining and licensing boards—single boards lacking any real homœopathic representation thereon. It was ever thus and will continue so to be until the dawn of the era when we shall again demand our own board in every State of the Union.

NEWS ITEMS.

ILLINOIS.

Dr. E. Stillman Bailey gave two popular lectures at Hahnemann College, one on Monday evening, November 25th, title, "The Public Service to the World of Louis Pasteur, of France, and Sir Joseph Lister, of England." The second on Wednesday evening, December 4th, title, "The Two Most Far Reaching Discoveries in Medicine." These lectures were much appreciated by the large audiences present.

MASSACHUSETTS.

Dr. Walter Arthur Jillson, 1905, of the Westboro State Hospital, and Miss Nellie V. Foster, a nurse at the Worcester Isolation Hospital, were married November 20, 1912, at St. Mark's Episcopal church in Southboro. They will reside at Westboro. Dr. Jillson was formerly in practice at Gardner, Mass., and had been house physician at the Trull Hospital, Biddeford, Maine, and at the Burrage Hospital for Children, Bumpkin Island, Boston, before starting in practice for himself.

The following news items from the *Boston Record*, an evening newspaper, under the date of November 24th, states: "Generous gifts from anonymous friends of Hahnemann Hospital have made it practically unequalled in New England in certain departments of its work, according to physicians who visit the hospital daily. Besides the solarium and roof pavilion, which patients have enjoyed for some time, there are newer gifts.

These include an electric vibrator, an ozonator, a leucodescent light, a Carlsbad, horizontal, thermic and electric light bath, also a high frequency current apparatus and an X-ray machine."

Tuesday, November 19, Dr. Leroy M. S. Miner gave a most interesting and instructive talk on the "Care of the Teeth" at the Evans Memorial Building, Boston. He claimed that nine out of every ten cases of tonsillitis, cancerous and adenoid growths, abscesses and kindred troubles could be prevented absolutely by the simple expedient of tooth brush and powder. "There is no exaggeration in the statement," he went on to state, "that 96 per cent. of all school children have decayed teeth, and the condition of 60 per cent. of this number has come about through neglect alone. People evidently prefer to spend money for fake catarrh cures rather than keep their mouths and throats clean by frequent washings. All so-called catarrh cures are not fakes, and neither is every case of catarrh due to lack of mouth cleanliness. But it is pretty large percentage.

"I even dare to make the prediction that unless we take other methods than are now in use to take care of the teeth of our children, the colleges fifty years from now will not be able to graduate enough dentists to care for the teeth, that by right, should be taken care of. Some time school boards will realize that a proper physicial condition of all parts of the body is half the battle of an efficiency standard."

Dr. Walter H. Tobey, aged 65, a graduate of the New

York Homœopathic Medical School, died suddenly in front of his home, 173 Newbury street, Boston, November 23, 1912. He had just cranked his automobile, and was seated in it ready to start it, when he was seen to fall forward, and his son, Walter P., who was in the house, was notified. A physician was called and pronounced the cause of death heart trouble.

Dr. Tobey was one of the most noted homœopathic surgeons in this part of the state, and in practice for thirty-five years in Boston. He was a member of the Massachusetts Homœopathic Medical Society, and a former president of the Surgical and Gynæcological Society. He also belonged to the Art Club. A wife and three children survive him.

Dr. and Mrs. Charles T. Howard are receiving congratulations on the birth of a son, Carol Howard, November 7, in Boston.

At a recent dedication of the new Talitha Cumi Home on Forest Hill street, Jamaica Plain, Arthur Ferry, representing the building committee, presented the keys to Dr. Caroline Hastings, of Boston, for twenty-two years president of the Board of Managers. Dr. Hastings is a member of the State Homœopathic Society.

A fund estimated at about $500.000 is given to the Boston Lying-in Hospital by the Amory will, recently probated in Boston. The residue of his estate, after other bequests are paid, is left to accumulate for twenty-one years, after which it "shall remain a permanent and distinct fund or capital to be called the 'Francis Amory, of Milton, Maternity Fund,' the income to be appropriated solely for the care of women in confinement, without any distinction of sect or creed, or social status." The fund is left in memory of Mr. Amory's grandfather, and he distinctly says that no person is to be denied care or treatment because of inability to pay for the same.

The new Melrose Hospital has been in the limelight twice recently, November 27 an overturned kettle of tar being used to make air-tight an ice chest setting fire to the building, and causing a damage of about $600. The damage is covered by insurance. November 30 the W. C. T. U. of Melrose came out with a statement that it proposed not only to try to keep liquor out of Melrose, but would try to keep it out of the Melrose Hospital as much as possible, and stated that through the society's efforts the Melrose physicians were coming to discard the use of alcohol in illness, and using other stimulants, such as hot drinks, etc.

The Massachusetts State Board of Health is to furnish typhoid vaccine to the physicians of the state, which they think will make a person immune two years. The vaccine will be furnished in a set of three small vials, each of which will contain a billion bacilli.

Dr. Elizabeth C. Keller, one of the first four women in the world to study and practice surgery, died at her home in Jamaica Plain the latter part of November. She was at one time connected with the New England Hospital for Women.

In a newspaper statement November 27, Dr. John B. Hawes, 2d., secretary of the State Trustees for Consumptive Hospitals, declares that of all the children in the public schools of Boston, it is safe to say that from 40 to 60 per cent. are already infected with the germ of tuberculosis. By this, he explains, he does not mean that the lungs of that per cent. are affected, but that they had the germ somewhere in the body and were liable to have it develop if they were not strong enough to throw it off.

Dr. John E. Runnells, 1906, is now located at New Providence (Union county), New Jersey, as superintendent of the Bonnie Burn Sanatorium. Dr. Runnells went there from the New Hampshire State Sanatarium and before that was at the Massachusetts State Sanatorium at Rutland.

The Massachusetts Surgical and Gynæcological Society held its 79th session and its thirty-seventh annual meeting Wednesday, December 11, 1912, at the Evans Memorial building, Boston. Three new members were voted in, Harold E. Diehl, 1911, who is now located at 1244 Hancock street, Quincy; Arthur V. Pierce, M. D., of New Bedford, Mass., and Oscar L. Spencer, M. D., of Lynn.

The report of the Bureau of Gynæcology was presented by Jane S. Devereaux, M. D., Chairman, and E. Pakenham Ruggles, M. D., Secretary. The following "Anæsthetic" program was given, which proved highly instructive and entertaining: "The Real Dangers of Chloroform Anæsthesia," Frederick P. Batchelder, M. D.; "The Drop Method of Etherization," Herbert D. Boyd, M. D.; "Nitrous Oxide Gas and Oxygen Anæsthesia," Mary A. Leavitt, M. D., with discussion opened by Horace Packard, M. D.; Local Anæsthesia in Ophthalmic Operations," David W. Wells, M. D.; "The Use of Quinine and Urea Hydrochloride as a Local Anæsthetic," Fred S. Piper, M. D., and "Methods of Anæsthesia From the Economic Point of View," William O. Mann, M. D.

The annual dinner was held at Young's Hotel, with Newton Newkirk as the entertainer. A right royal one he proved, too, from all accounts.

Dr. Rudolph W. Jacoby, 1911, has purchased a home in West Medford, and has started practice there.

The Seeley Quadruplets of Dorchester, bid fair to have a profitable Christmas, according to newspaper accounts. Andrew Carnegie has sent along a check to the parents, Mr. and Mrs. Thomas H. Seeley, of Sawyer avenue, Dorchester, expressing a fear "that Santa might overlook the remarkable increase in the family."

The children are all doing finely and are under the constant care of a specialist and a trained nurse.

The October meeting of the Boston section of the Massachusetts Homœopathic Medical Society was held in the Evans Memorial building, East Concord street, Boston, the third. The papers: "Board of Health Problems," by Wesley T. Lee, M. D., chairman of the Somerville Board of Health; "Medical Examiner Experiences," Timothy Leary. M. D., Medical Examiner, Suffolk county; "Some Causes of Sudden Death," William H. Watters, M. D., Assistant Medical Examiner, Suffolk county.

Dr. Leary was given a rising vote of thanks for his talk.

The society held the December meeting in the same building, December 5, and Dr. Charles B. Davenport, of the Carnegie Institute, spoke on "Heredity." In part he said, "There is no such thing as a child having its

father's nose or its mother's mouth." While facial characteristics could not be inherited from parents, physical and mental tendencies could, he said, and defined Eugenics as the application to the human affairs of the laws of heredity. Mental inaptitude, any abnormality, imbecility, and to an extent an alcoholic craving, are in two-thirds of the cases inherited tendencies. Our knowledge of causes of personality is crude and elemental, as yet. Brown eyes in parents always result in brown eyes in children, while blue and brown make hazel, or perhaps a center of brown with a circle of dark blue, with a streaked appearance."

Clifford W. Beers, secretary of the National Committee for Mental Hygiene and author of "The Mind That Found Itself," urged the establishment of a state eugenic bureau with a view to collecting statistics. He said not one physician in a thousand knows enough of mental trouble to even diagnose a case correctly. "Mental hygiene must be taught in the schools and colleges in connection with the regular medical courses."

Dr. George W. Butterfield, 1883, has removed from Wakefield to Hopkinton, Mass.; Dr. Elizabeth A. Brackett, 1891, has removed from Roxbury to 361 Washington street, Dorchester, and Dr. Ella G. Smith, 1884, has retired from practice and is living at Kearsarge, New Hampshire.

Dr. J. Arnold Rockwell gave a lecture at the Evans Memorial building, November 26, on "What to Eat and Why." There was a good sized audience, showing that these health talks are becoming popular. Dr. Rockwell's talk was closely followed, and he said, in part, that there was no hard and fast rule as to what people should eat, but that they should regulate the appetite by reason. The food should be simple, well cooked and sufficiently varied to perform its functions, repairing and building up tissue and by combustion, producing heat. Some details as to menus were given, and meat was advised but once a day.

The man not over 5 ft. 10 in. and weighing 200 is fat, and should be sentenced to eat half as much as he wants, and to avoid butter, cream, starches and sweets.

Dr. Charles S. Gleason and Dr. Laurence F. Keith, of Wareham, have been reappointed school physicians of that town.

NEBRASKA.

Dr. Delmer L. Davis was elected President of the Omaha Homœopathic Medical Society at its last meeting. Dr. A. P. Hanchett, Vice-President; Dr. Charles Gardent, Secretary-Treasurer. A banquet was held and over thirty were present.

NEW YORK.

The annual reunion and banquet of the Yard's Island Metropolitan Alumni Association was held at the Union League Club on December 4th. Dr. DeWayne Hallett was president, and an enjoyable time was had.

OHIO.

The Statler Hotel lobby in Cleveland presented on December 7th a veritable Institute appearance. California, Iowa, Arkansas, Minnesota, Illinois, Michigan, Pennsylvania, New York and Massachusetts were represented, the occasion being the meeting of the Trustees of the Institute, the Council of Education, the Legislative Committee and Drug Proving Trustees. Many of the prominent Cleveland physicians dropped in during the session.

The Northwestern Ohio Society held a very successful meeting at Toledo on December 10th, under the presidency of Dr. C. Zbinden.

The annual convention of the Phi Alpha Gamma fraternity was held in Cleveland on November 21 and 22.

PENNSYLVANIA.

The Bureau of Medical Education and Licensure of Pennsylvania, after January 1, 1914, will require for admission to a medical college, in addition to a standard four-year high school course or its equivalent, not less than one year college credits in chemistry, biology, physics and a modern language other than the English language or the equivalent thereof, to be determined by the Bureau of Professional Education, and for license to practice medicine in the state, a year of service as a hospital interne, or a year of post-graduate instruction approved by the Bureau of Medical Education and Licensure.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting Thursday evening, November 14, 1912, at eight thirty o'clock. A very interesting feature of the meeting was the discussion of "The Social Evil." Several noted physicians and many prominent laymen took active part in the discussion. Many other important matters were taken up. The meeting was well attended and proved to be extremely interesting.

WILLIAM C. SYLVIS, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting, Monday evening, November 25, 1912, at 9 P. M., at the office of Doctor J. E. James, 118 So. 19th street. Doctor Leopold read a very interesting paper on "Serum Treatment," which was well presented, and was enjoyed by all the members. There was a full attendance of members, and the meeting was an interesting one.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, November 16, 1912, at 9 P. M. The scientific program of the evening consisted of the following: "The Positive Value of Urinalysis," Dr. Wm. A. Pearson; "An Interesting Case of Typhoid Fever," Dr. Wm. H. Yeager; "The Transverse Myelitis, Clinical and Pathological eRport of a Case," Dr. R. S. Leopold. A Hearty discussion took place and the meeting was enjoyed by all present.

BENJ. K. FLETCHER, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting, Wednesday, November 0. 1912, at the Hotel Stenton. A paper on "Duodenal Ulcer" was read by Doctor W. Nelson Hammond, and proved to be a very interesting feature of the meeting.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad street and Girard avenue, on Monday, the eighteenth of November, 1912, at nine o'clock in the evening. A paper on "Deviation of the Septum" was well presented by Doctor George W. MacKenzie, after which a hearty discussion took place. There was a full attendance of members, and the meeting was very interesting.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The West Philadelphia General Homœopathic Hospital and Dispensary held its regular monthly meeting at 1234 No. 54th street, on Tuesday evening, November 19, 1912. There were a large number of members present, and many matters of importance were taken up.

S. W. REEVES, M. D., *Sec'y.*

The Homœopathic Medical Society of Delaware County, held its regular monthly meeting in the Y. M. C. A. building, Chester, Pa., Thursday, November 14, 1912, at 3:30 P. M. Doctor G. Harlan Wells, of Philadelphia, read a paper on "A Consideration of the Treatment of Pulmonary Tuberculosis With Special Reference to Tuberculin Therapy." Lunch was then served at which many members were present. The meeting was a very interesting one and enjoyed by all present.

GEO. C. WEBSTER, M. D., *Sec'y.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meting at the office of Doctor H. Ellen Walker, 17 Vive street, Sharon, Pa., on Thursday, November 21, 1912, at 2 P. M. A paper on "Rheumatism" was well presented by Doctor Chapman, and was a very interesting feature of the meeting.

MARY E. COFFIN, M. D., *Sec'y.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its holiday meeting Tuesday, December 10, 1912, at 1 P. M., at the Colonnade Hotel, Philadelphia. The scientific program consisted of the following: "Modern Methods in the Diagnosis of Diseases of the Stomach," Dr. G. Harlan Wells, Philadelphia; "Progressive Co-ordination of Mind and Body From a Physical Standpoint, as Shown by a Series of Muscular Movements," Carl B. Stanford, Physical Director Y. M. C. A., Chester. The program was a splendid one, and was thoroughly enjoyed by a large number of members who were present, all of whom enjoyed a luncheon which was served.

ISAAC CROWTHER, M. D., *Sec'y.*

The Luzerne County Homœopathic Medical Society held its regular monthly meeting at the Homœopathic Hospital, Pittston, October, 1912. A very interesting paper on "Vertigo" was read by Doctor C. C. Thompson. Doctor O. K. Grier delivered an interesting treatise on "Comparative Materia Medica," and Doctor T. M. Johnson gave a report of the Homœopathic Interstate meeting held at Elmira, N. Y. The meeting was well attended and proved to be very interesting.

PERSONALS.

Dr. Alexander Beck Arthur and Mrs. Marie Stewart Hammond announce their marriage on Thursday, the fourteenth of November, one thousand nine hundred and twelve, in the City of Philadelphia. Dr. and Mrs. Alexander Beck Arthur at home after the first of January, "Park Valley Farm," Prospectville, Pennsylvania.

Mr. and Mrs. John W. Ridpath announce the marriage of their daughter, Anna Phillis, to Dr. George Franklin Baer on Tuesday, the nineteenth of November, one thousand nine hundred and twelve, Jenkintown, Pennsylvania. At home after January first, 5938 Alder street, Pittsburgh, Pennsylvania.

The Hahnemann Hospital Training School for Nurses held its graduating exercises at the Holy Trinity Parish House at eight o'clock, Tuesday, November twenty-sixth, 1912.

Dr. G. Harlan Wells announces the removal of his office to 1807 Chestnut street, Philadelphia. Diagnosis and internal diseases.

Dr. H. Ward Fisher announces the opening of offices at cor. E. Northampton street and Park avenue, Wilkes-Barre, Pa.

OBITUARY.

Dr. Nathan G. Rieff.

Albion, Ind., November 27, æt. 53. Hahnemann Medical College, Philadelphia, 1883.

Dr. Walter H. Tobey.

Boston, Mass., November 23, æt. 65. New York Homœopathic College, 1874.

Dr. A. H. Martin.

Norwalk, O., November 11, æt. 44. Cleveland Homœopathic College, 1886.

Dr. E. P. Small.

Philadelphia, Pa., November 16, æt. 83. Homœopathic College, Philadelphia, 1866.

Dr. R. W. Fair.

Baltimore, Md., November 15, æt. 63. Hahnemann College, Philadelphia, 1880.

Dr. Sidney E. Smith.

Brooklyn, N. Y., October 19, æt. 53. New York Homœopathic Medical College, 1892.

Dr. Alvin M. Cushing.

Died in Springfield, Mass., on December 1. Dr. Cushing was 83 years old and was ever an enthusiastic student and practitioner of Homœopathy. He is, perhaps, but remembered for his Materia Medica provings of Dioscorea, Phaseolus nasus, Homarus, etc.

Sarracenia.

It is claimed by both homœopathic and allopathic writers that Sarracenia is curative in smallpox. The remedy is supposed to have marked prophylactic powers against this disease.